Kingdom of Bahrain
Ministry of Health
Public Health Directorate
School Health Section

مملكة البحرين
وزارة الصحة
إدارة الصحة العامة
قسم الصحة المدرسية

Student Health File

Student Full Name	
Nationality	
CPR	
Residential area	
Guardian Phone Number	
Emergency Contact Number	
Student's Health Center	

√	DISEASE Name	√	DISEASE Name	√	DISEASE Name	√
	Digestive system Diseases		sickle-cell Anemia		Heart disease	
	Urinary tract diseases		Thalassemia		Chest / Respiratory Diseases	
	Spinal problems		(G6PD)		Difficulty in pronunciation	
	Dental problems		Endocrine diseases		Diabetes	
	Psychiatric illness		Allergic eczema		Epilepsy	
	Physical disabilities		Visual impairment		Cerebral Palsy	
	Malnutrition Overweight Underweight		Hearing impairment		Iron anemia	
	Other diseases not mentioned food or drug allergy					
	Treatment					
	Consultant's name					

Is the student / student any devices used below, please tick (√) if the answer is yes:

Other:		**Wheel chair**		**Hearing Aids**	**Medical Glasses**	

Note:
- Please attach a copy of vaccination certificate.
- Please attach a medical report from the consultant doctor shows the health status of the students in the case of a chronic disease

Headmaster Sig

Guardian Name and Sig:

CAPITAL SCHOOL W.L.L. C.R. 91952-1 Tel: 17008880

PARENT PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Date:
Student Name:

I give permission for the medication listed below to be administrated at school when necessary.

MEDICATION	YES/NO	DOSAGE
Panadol Syrup (Baby & infant)		
Panadol Elixir (5-12 Years)		
Panadol Tablets – 500 MG		

No medication will be given at school until the school receives the completed form.

Parents will be notified before administrating any medication to your child.

Any other medication requested by parents should be labelled with the name of student, name of medication, **Doctor Prescription** and directions including the time requested.

NOTE: All medication/Inhalers should be brought to school clinic and remain there during the day.

Signature or parents/Guardian:

Emergency contact name: _____

Emergency contact number: _____