SERI MULIA SARJANA SCHOOL
STUDENT HEALTH & MEDICAL DECLARATION

A. Student medical details and health conditions

It is essential to inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any **newly diagnosed allergies, medical conditions or changes to an existing condition**. *This is important information for your child's safe participation at the school.*

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Medical card number (BRUHIM): _____ *(student are encouraged to register with MOH)*

	Please (✓) if applicable		**Details**
Does your child wear	Spectacles		
	Contact Lens		

Please provide the name, address and phone number of any doctor or medical specialist who may currently be treating your child for any medical condition or allergy.

Medical Condition / Allergy	**Doctor's name**	**Address (Clinic)**	**Telephone**

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (e.g. DAIRY, NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify below. For this allergy, answer the questions that follow (where applicable).

For any ***additional allergies*** *your child has, please list down the allergy &* ***answer each of the questions*** *(where applicable) in the columns below.*

Allergy to: _____

1. Has a doctor diagnosed this allergy? **(Yes / No)**

2. Is this a severe allergy (anaphylaxis)? **(Yes / No)** ******Anaphylaxis is a severe, potentially life-threatening, allergic reaction.*

3. Has your child been hospitalized with a severe allergic reaction (anaphylaxis) or any other allergy? **(Yes / No)**

4. If yes, which hospital? _____

MEDICAL CONDITIONS (other than ALLERGIES AND ANAPHYLAXIS - *please tick in the boxes below*)**:**

☐ **ADD/ADHD**	☐ **Diabetes**	☐ **Seizures, tics or tremors**
☐ **Arthritis**	☐ **Hearing Problems / Hearing Aids**	☐ **Serious Illnesses**
☐ **Asthma**	☐ **Heart Problems**	☐ **Visual Problems**
☐ **Birth Defects**	☐ **Hospitalizations**	☐ **Skin Problems**
☐ **Blood Disorder**	☐ **Learning Problems**	☐ **Stomach Problems**
☐ **Chronic Bowel Problems**	☐ **Menstrual Problems**	☐ **Surgeries**
☐ **Cancer**	☐ **Mental Health Issues**	☐ **Urinary Problems**
☐ **Cystic Fibrosis**	☐ **Migraines**	☐ **Other (Please list below)**
☐ **Developmental Delays**	☐ **Physical Limitations**	
☐ **Other medical condition** *(please state)***:**		

**Please identify and provide details below of any other medical concern / condition for which your child is being treated.*
**Please submit the official report and/or any supporting document for the medical condition.*

Medical condition:_____

1. Has a doctor diagnosed this condition? **(Yes / No)**

2. Has your child been hospitalized with this condition? **(Yes / No)**

3. If yes, which hospital?_____

4. Is your child taking prescribed medication for this condition? **(Yes / No)**

5. If yes, what is the prescribed medication?_____
The school will require further details in relation to prescribed medication on enrolment.

Is your child currently under Child Development Center (CDC) consultations? (Yes / No)
If yes, please submit the official report and/or any supporting document for the consultations.

DECLARATION & CONSENT

Please regard my signature below as my assurance that I release SERI MULIA SARJANA School, and all the School's Officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any updated revision and/or changes in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

I agreed that in case there is **no ambulance available and my child is in critical condition, I consent to the school to secure and arrange promptly of personal transport to send my child to hospital.**

I declare that the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I have read and understand the information in this application including about the collection of personal information and consent.

I understand that SMSS reserves the rights to terminate the academic services of my child in the even that I withheld information and/or SMSS can no longer cater to my child's learning needs. I am aware that if information I have given is false or misleading, any decision made for of this application may be changed or void.

Name & Signature of parent/guardian

_____

Name:

IC Number: **Date**: