



Al-Baraem Arabic School Student Application Form

Student's Photo

Student Information			
Student contact details:			
Name	Date of Birth	Gender	Ethnicity
House number or name, street, district		City	County
Postcode	Home phone number	Email address	
Family Contact Information			
First Parent / Guardian contact details:			
Title	First name	Middle name	Last name (surname)
Work phone number	Mobile phone number	Email address	
Second Parent / Guardian contact details:			
Title	First name	Middle name	Last name (surname)
Work phone number	Mobile phone number	Email address	
Select the Primary Contact (tick one box):			
First Parent / Guardian contact details <input type="checkbox"/>		Second Parent / Guardian contact details <input type="checkbox"/>	
Include Parent Information in the Parent Directory (tick the box/es):			
Include our contact details in the Parent Directory <input type="checkbox"/>		Include our home phone number in the Parent Directory <input type="checkbox"/>	
Emergency Contacts and Doctor Contact			
Additional emergency contacts are required if we are unable to reach you. We will start with the first contact and then the second.			
Emergency 1 contact information (non-parent)			
Full name	Relationship	Landline phone number	Mobile phone number
Emergency 2 contact information (non-parent)			
Full name	Relationship	Landline phone number	Mobile phone number
Family Doctor/Private Physician and Medical Insurance Details			
Please provide the Family Doctor or Private Physician's contact information and medical insurance details. This should be the most important with regards to your child's health.			
Full name	Landline phone number	Private Medical Insurance or UK NHS?	
Postal Address			
Health information			
Please enter your child health information. If any health information changes during the school year, please inform the School immediately.			
ALLERGIES List any allergies your child has, including food, drugs, plants, animals. Or check here NONE <input type="checkbox"/>			
Cause:	Reaction:	Treatment:	
Cause:	Reaction:	Treatment:	
Does your child carry an epi-pen?		Yes	No

ASTHMA Does your child suffer from asthma :		Yes	No
Has your child been prescribed an inhaler / asthma medication?		Yes	No
What medication do they take for their asthma:			Dose/Time:
Does your child ever require oral steroids?		Yes	No
What are your child's Asthma triggers?			
Exercise	Illness	Allergy/Seasonal	Other (please give details below)
What are the signs & symptoms of your child's Asthma?			
Can your child use their inhaler unassisted?		Yes	No
Does your child use a spacer device?		Yes	No
MEDICATION			
Is medication taken at home on a daily basis?		Yes	No
Medication taken:	Used to treat:	Dose:	Time / Duration:
Medication taken:	Used to treat:	Dose:	Time / Duration:
Is medication needed at school?		Yes	No
Medication taken:	Used to treat:	Dose:	Time / Duration:
Medication taken:	Used to treat:	Dose:	Time / Duration:
Others Or check here NONE : <input type="checkbox"/>			
ONGOING TREATMENT			
Is your child receiving current or ongoing treatment for any medical, surgical or psychological condition?		Yes	No
If yes, please explain:			
PHYSICAL IMPAIRMENT			
Is there any reason why your child cannot participate in Physical activities?		Yes	No
If yes, please explain:			
Other Medical / Health Information			
Please include any Medical/Health information you may wish to include that may help us understand your child's health needs:			
Health Medical Consent			
Any prescribed medication can only be administered, to any child, at school after completion of a Medication Administration Form, available at school, by the Parents/Guardians. However, there may be occasions when a child has a headache, is struggling with congestion or suffering with high fever and could require a paracetamol, decongestant or antihistamine tablet which can be administered at school with your permission.			
Administering of Painkillers, Decongestants and Antihistamines			
I/We give permission for the School to administer the following drugs as indicated :			
Paracetamol (Tylenol, acetaminophen or equivalent)	<input type="checkbox"/>	Ibuprofen (Mortrin, Advil, Nurofen)	<input type="checkbox"/>
Antihistamine	<input type="checkbox"/>	Decongestant	<input type="checkbox"/>
I/We DO NOT give permission. Please call Parents before administering ANY medication <input type="checkbox"/>			
Sharing Health Information within Al-Baraem School			
We may pass on this health information to your child's Teachers or Principal to promote your child's success/safety.		Yes	No
Medical Assistance			
I give permission for my child to be taken to the school's emergency room and receive medical assistance.		Yes	No
NOTE: <i>It is advisable for students who wear spectacles or contact lenses to bring with them a spare pair or repeat prescription.</i>			
Consent			
For both yourself, as Parents/Guardians, and for your child; you acknowledge acceptance to the school's policies including using the image of your children in line with the School 'Photography Policy'.			
I/We and my child have read, understood and agreed to all of Al-Baraem Arabic School policies including the Photography Policy			