



PARENT CONSENT FORM

As the parent/guardian of Grade & section.....

I give my consent to the following:

Consent for the administration of Paracetamol

In the event that your child develops fever or has pain, and if we are unable to contact parents, it may be necessary to administer paracetamol

I consent to my child being given Paracetamol should it be considered necessary by the school Doctor

Name of the Parent:

Signature & Date:

Consent for Emergency Treatment

In the event that your child requires emergency treatment and if the school is unable to contact you, your child will be taken to Rashid hospital for treatment.

I consent to my child being taken to Rashid Hospital in case of an Emergency.

Name of the Parent:

Signature & Date:

Consent for Medical Examination

According to DHA School health guidelines, medical examination will be done for students of KG1, Grade 1, Grade 4 and new admission. Parents will be notified only if any abnormal findings is noted.

I Consent to my child having a medical examination at School

Name of the Parent:

Signature & Date:

DOCUMENT TO BE SUBMITTED ON ADMISSION WITH PHOTOCOPY OF VACCINATION CARD

(TO BE FILLED IN AND SUBMITTED BY THE PARENT AT THE TIME OF ADMISSION)