

The Ministry of Education in Jordan requires that the school maintain current information on each child's immunization history. It is therefore important that the International Independent School have a copy of your child's immunization records. *(Please tick the appropriate box):*

Emergency Contacts (Parents/ Guardians)			
Name & Relationship	Mobile No.	Home No.	Work No.
1.			
2.			

Alternative Emergency Contacts (Other than Parents)			
Name & Relationship	Mobile No.	Home No.	Work No.
1.			
2.			

If the above contact numbers cannot be reached, I give the International Independent Schools / Medical staff permission to seek appropriate emergency treatment for my child. Yes No

I hereby give my permission for the International Independent Schools to:	
Give my child non-prescription medication if needed.	<input type="checkbox"/>
Administer First Aid to my child if needed.	<input type="checkbox"/>
Admit my child to a hospital in case of an extreme emergency.	<input type="checkbox"/>
Conduct regular medical checks including hearing, vision and checks for skin infections and pediculosis.	<input type="checkbox"/>

Parent/ guardian's Name: _____

Parent/ guardian's signature: _____

Date: _____

Note:

If your child is taking a prescribed medicine and has to take it during school hours, please bring the medicine to the school's nurse first thing in the morning. It can then be collected from the nurse before going home.

Please clearly write your child's name, class and medication intake time.