



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL DEPARTMENT CONSENT FORM

As the parent/guardian of _____ Grade _____, I give my consent to the following:

1 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 : _____

2 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 the nearest authorized Government hospital for treatment.

I consent to my child being taken to the authorized Government Hospital in case of an emergency.

Name of the Parent: _____

Signature : _____ Date : _____

3 Consent for Medical Examination

According to DHA school health guidelines, medical examination will be done for all students annually. Parents will be notified only if required.

I consent to my child undergoing a medical examination at school.

Name of the Parent: _____

Signature : _____ Date : _____