

**GEMS World Academy – Dubai
Student Medical Consent Form****Consent for Medications**

If your child develops any medical complaints, it may be necessary to administer an over-the-counter medication. If your child has any drug allergies, please mention below.

I consent to my child being given an over-the-counter medication.

☐ Yes ☐ No

Any allergies to Medicines? ☐ Yes ☐ No

If YES, Please Specify: _____

Consent for EMERGENCY Treatment

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to a doctor/hospital for further treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency

☐ Yes ☐ No

Preferred Doctor/Hospital: _____

Consent for Routine School Health Check Up

Dubai Health Authority mandates that all the students entering Pre-K and Grades 1, 4, 7 and 10, as well as all new students must have a Medical Health examination done by the School Doctor and filed in the School Clinic

I consent to my child having a school medical, conducted by the school doctor, if in the above specified grades or upon school entry.

☐ Yes ☐ No

Name of Student: _____

Grade and Section: _____

Name & Signature of Parent: _____

Date: _____

Please note that all consents are valid for the duration of time that your child attends GWA – Dubai.