



THE AMERICAN INTERNATIONAL SCHOOL OF MUSCAT  
ANNUAL STUDENT HEALTH FORM 2008 - 2009

**Parents:** To ensure that our records are current, both sides of this form must be completed each year by the parent or guardian. A student may not be allowed to participate in after school activities or field trips if this form is not submitted annually.

Please make certain that the school is promptly informed of any changes, especially telephone numbers.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Male/Female \_\_\_\_\_

Birth date: \_\_\_\_\_  
(Day/Month/Year)

Sibling(s) at TAISM:

Name \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_

**Recent Medical Information (please give details)**

Recent illness(es) \_\_\_\_\_

Current medications and dosage: \_\_\_\_\_

List any allergies \_\_\_\_\_ Reaction \_\_\_\_\_

\_\_\_\_\_ Reaction \_\_\_\_\_

What medication do you normally use if your child has an allergic reaction? \_\_\_\_\_

***(Please provide the School Nurse with the medication you would use, to have on hand for emergencies.)***

Any adverse reactions to any medications? \_\_\_\_\_

List any physical aids used: \_\_\_\_\_  
(glasses, contact lenses, hearing aids, etc.)

Significant Physical or Medical conditions: \_\_\_\_\_

Other comments that would assist us (recent family illness/death, divorce, marriage, etc.) \_\_\_\_\_

\_\_\_\_\_

**Authorizations**

Permission to give over-the-counter medications such as Panadol (Tylenol), or Ibuprofen. Yes / No  
(please circle one)

Permission to admit student to a hospital of the school's choice, or contact a doctor of the school's choice, if deemed necessary by school authorities in an emergency, and if parents/guardians cannot be reached. Yes / No  
(please circle one)

The school staff will administer immediate first-aid needs, and will contact the parent/guardian as soon as possible.

Date: \_\_\_\_\_  
Day Month Year

Signature: \_\_\_\_\_  
(Parent or Guardian)

Printed Name: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Primary Contact**

Mother's Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_ GSM Number: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ E Mail: \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_ GSM Number: \_\_\_\_\_

Physical Location of Home: Way: \_\_\_\_\_ House: \_\_\_\_\_ Flat: \_\_\_\_\_

Area: \_\_\_\_\_

**Alternate Contact**

In the event of an emergency and we are unable to contact you, please provide an alternative name and residence to take your child.

Contact's Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(friend, neighbor, aunt, brother, etc.)

Daytime Contact Phone Number: \_\_\_\_\_ GSM Number: \_\_\_\_\_

Physical Location of Home: Way: \_\_\_\_\_ House: \_\_\_\_\_ Flat: \_\_\_\_\_

Area: \_\_\_\_\_

**Medical Emergency**

Family Physician (in Oman): \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If deemed necessary by school authorities in an emergency, the student may be brought to Muscat Private Hospital for evaluation and/or treatment.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_