Riffa Views International School
Treatment and Travel/
Health History Form

Name of Child: _____

Date of Birth: _____**Grade:**_____

General Permission
By signing below, I grant permission for my child to attend / participate in school-sponsored field trips and other associated activities. I understand that when the school notifies me of those activities and if I do not respond to the contrary, I grant permission for my child to participate.

(Please sign here) ☐

Emergency Treatment
I authorize the school nurse, or any designates, to provide first aid / emergency treatment to my child during the course of a normal school day and at any school approved activity.

(Please sign here) ☐

Health Conditions
Does your child have any of the following? Please mark any boxes that apply to your child:

☐ ADD	☐ Ear infections	☐ Motion sickness	☐ Skin Conditions
☐ ADHD	☐ G6PD	☐ Nosebleeds	☐ Stings/Bite
☐ Allergies	☐ Headaches	☐ Seizures	☐ Vision Loss
☐ Asthma	☐ Hearing Loss	☐ Sickle cell anemia	☐ Urinary Disorders
☐ Diabetes	☐ Heart Condition	☐ Sore Throats	☐ Other

Please provide details on any of the above or any specific directives for the care of your child while at school:

Medications

Childhood Illnesses
Please list any illnesses or hospitalizations your child has had:

Parents Authorization for Dispensing Over-The-Counter Medications
RVIS has the following medications available for dispensing to students by the school nurse as needed. In order for a student to receive these, parental consent must be provided.

(Please sign here)

- ☐ Calpol Syrup
- ☐ Calpol 6+ Syrup
- ☐ Brufen Syrup
- ☐ Melrosum Cough Syrup
- ☐ Prospan Syrup
- ☐ Claritin Syrup
- ☐ Panadol Tabs
- ☐ Brufen 400mg tabs
- ☐ Strepsil Lozenges
- ☐ Zyrtec Syrup
- ☐ Optrex Eye Bath
- ☐ Orofar Throat Gargle

Emergency Contact Information
In the unlikely case that we are unable to contact the parents in an emergency, we request two emergency contacts for your child's file. These contacts must be able to drive and assume temporary care for your child. Please be sure that the persons are aware you have listed them.

First Emergency Contact:
Name: Relationship

Mobile no. Home no. Work no.

Second Emergency Contact:
Name Relationship

Mobile no. Home no. Work no.

Parent's Consent

Parents' Names _____

Father's Signature _____

Mother's Signature _____

Date _____