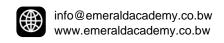
EMERALD ACADEMY

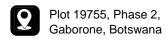
Inspiring Greatness



Form A1 Emergency and Medical Form – Full Time

Student Information						
First Name			Surname			
Family Medical Informa	tion					
Physician Details (If you have	ve a family D	octor)			Not Applicable	
Physician Name			Contact Numbers		Physical Address	
Parent Information						
Father			Is Re	sponsible	for payment of fees	
First Name		Last Name			Cell No. ☐ On WhatsApp	
Education (Degree, Masters etc)		Email			Cell No.2 ☐On WhatsApp	
Occupation / Profession	Plot number	Ward & City/ town		 Dmang No. / Passport No.		
Mother			Is Re	sponsible	for payment of fees	
First Name		Last Name		•	Cell No. ☐ On WhatsApp	
Education (Degree, Masters etc)	Email			Cell No.2 ☐On WhatsApp		
Occupation	Plot number	Ward & City/town Omang		No. / Passport No.		
Guardian 3				Respon	sible for payment of fees	
First Name	Last Name			Cell No.		
Relationship to Student	Plot		City/ town	Email		
Emergency Dismissal ar	nd Pick Up	Contacts				
Please provide at least one (you may provide more) Emergency Contact/s when Guardians might not be available during the day. List someone who agrees to care for your child if he/she becomes ill and you cannot be reached. Please use someone local. In addition, please add contacts of the person responsible for dropping and picking up the child to and from school.						
Please check if you are NOT providing additional dismissal information:						
☐ My child may only be released to me - no dismissal contacts are provided						
Full Names		Relationship	to Student		Cell No.	

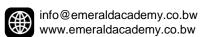


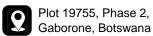


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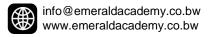
Full Names	Relationship to Student	Cell No.
Driver's Full Names	Plate Number	Cell No.

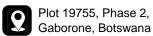
Please flip over to the back and fill out completely





Allergies and Medical Conditions					
Allergies					
Is your child allergic to any medication, food, etc? What is the severity of their allergy? What should be					
done in case of a reaction? (You m	nay attach a Medical Report))			
Medical Conditions					
Does your child suffer from any pre	e-existing medical conditions	(seizures, diabetes, mental health issue,			
etc.)? What warning signs should shou	we be aware of, and what sh	ould be done in case of an emergency?			
Has your child ever been identifie	d as having any specific lea	arning needs (is gifted or has a specific			
learning difficulty)? If yes, please g	give details below:				
lles your skild reseived only onesi	inlined accompate for a learning	a read in the reat? If year places aive			
details below.	lalized support for a learning	g need in the past? If yes, please give			
details below.					
List the Medication(s) your student	t taken for allergie regetion				
List the Medication(s) your student	takes for allergic reaction.				
Medication name:	Dosage:	Time of the day:			
	44				
Emergency Medical Treatm	nent Consent				
		child to the nearest hospital/ emergency			
		soon as possible; at the contact numbers			
I have provided on this form and w	ill be advised prior to any fur	ther treatment by the hospital or medical			
personnel.					
I understand it is my responsibil	lity to provide Emerald Aca	ademy with current health care			
information and emergency con		duciny with our one notice our			
Please choose:					
I Agree to Emergency Medical Treatment for my child/children.					
☐ I DO NOT Agree to Emergency Medical Treatment for my child/children.					





Media Release					
There may be occasions when images or words of your child will be used on the school website and/or outside publications (i.e., brochures, flyers, advertisements, social media, etc.)					
Media Release Consent:					
Yes, you may use an image or words of my child on the school website and/or outside publications.					
No, I do not wish for my child's image or words to be used on the school website and/or outside publications.					
Signature					
By signing below, I hereby certify that I have read, understood and agree with the above terms and conditions. I'm also responsible for any false information or failure to provide relevant information.					
Full Names:	Signed (Parent/Guardian):	Date:			
		DD/MM/YYYY			
FOR OFFICIAL USE ONLY					
Received by:	Signature:	Date:			
		DD/MM/YYYY			

