



Medical Form

Private and Confidential

Al-Huda Academy
Ouseburn Croft, Darnall,
Sheffield, S9 3FY

Applicant's Details

Forename: _____ Surname: _____ DOB: _____

Address: _____

_____ Postcode: _____

Medical Details (to be completed by GP)

Patient NHS No:

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Name of GP: _____

Address: _____

_____ Postcode: _____

Phone No: _____ Fax: _____ Email: _____

1. Does the above applicant suffer from any serious or long term illness e.g. Epilepsy, Bronchitis.

2. Does the applicant suffer from any allergies? Yes No

If 'Yes' please give details _____

3. Is there any family history of the following (please tick):

Heart Disease Diabetes Stroke
Angina Asthma High Blood Pressure

4. Has the applicant ever been to hospital for any form of surgery? Yes No

If 'Yes' please give details _____

5. Is the applicant receiving any medication at present? Yes No

If 'Yes' please give details _____

6. Does the applicant have any dietary needs? Yes No

If 'Yes' please give details _____

Continued on next page

7. Has the applicant been immunised for the following:

Diphtheria (date) _____

Cholera (date) _____

Typhoid (date) _____

Polio (date) _____

Tetanus (date) _____

Hepatitis A (date) _____

Whooping cough (date) _____

Meningitis (date) _____

Measles (date) _____

Yellow Fever (date) _____

Travel Vaccinations (date) _____

Rubella (TB) (date) _____

8. Is there any other information that may be useful for emergency Doctor / Hospital staff to know?

GP or his/her Representative's Signature and Stamp:

Signed: _____

Date: _____



Parental Approval of Medication

I being the parent / guardian of _____ request and also give approval that:

- a. Any medication can be administered as and when prescribed by the Physician according to her statement.
- b. For the staff of Al-Huda Academy to give non-prescriptive medicines such as paracetamol or cough syrup according to the instructions given on the containers.
- c. In case of emergency my son can be given First Aid / emergency medical & dental treatment.
- d. In case of any illness or accident, I will not make any claim against Al-Huda Academy.

I, to the best of my knowledge confirm that the above information is correct.

Parent / Guardian: _____

Signature: _____

Date: _____

Once completed please return to:

Admissions, Al-Huda Academy, Ouseburn Croft, Darnall, Sheffield, S9 3FY

Tel: 0114 243 8000 Fax: 0114 243 7041 email: admin@alhudaacademy.co.uk

For Office Use Only

Date Received: _____

Student ID No: _____

Notes: _____
