TOILETING INFORMATION

Does your child wear diapers?	Yes - No - Sometimes
If yes or sometimes, what kind?	Disposable - Cloth - Pull-ups - For naps?
Can your child use the toilet independently?	Yes - No - Sometimes
Families use a variety of words to describe bathroom activities. Please indicate the words your family uses:	
Do you have any concerns about your child's toileting habits? If yes, please explain	

PRESCRIPTION OR NON-PRECRIPTION MEDICINE ADMINISTRATION

I hereby authorize Prestigious Learning Difficulties Center to administer the following medication/products according to prescription/manufacturer's written instructions should it be required. I will not hold Prestigious Learning Difficulties Center liable for any unforeseen incident, allergic reactions, or other symptoms when the medication/products are used in accordance with these terms.

- **Paracetamol** **o Yes** **o No**
- **First Aid Ointment** **o Yes** **o No**
- **Insect Bite Cream** **o Yes** **o No**
- **Antiseptic Wash** **o Yes** **o No**
- **Other Medicine** **o Yes** **o No**

If Please specify ……

Parent's Name:

……

Parent's Signature:

……

Date (dd/mm/yyyy):

……

MEDICAL EMERGENCY CONSENT

I understand and agree that when my child, after he/she has been assessed the registered nurse or the health and safety office, presents any symptoms of illness or a possible source of infection while at the center, I will be contacted to collect my child within the hour.

If I or my emergency contact cannot be reached, I authorize Prestigious Learning Difficulties Center to take my child to nearest hospital/clinic/medical center for emergency treatment by requesting for an ambulance. I understand and take full responsibility for medical expenses, transportation to the medical facility or any other unforeseeable expenses during this emergency.

Parent's Name:

.....

Parent's Signature:

.....

Date (dd/mm/yyyy):

.....

مركز برستيجيوس لصعوبات التعلم

Prestigious Learning Difficulties Center

Registration Form

CHILD DETAILS:

Name: _____ **Father's Name:** _____

Date of Birth: _____ **Gender:** _____ **Boy** ☐ **Girl** ☐

Age: _____ **Religion:** _____

Nationality: _____ **Language:** _____

Date of Admission: _____

PRIMARY CONTACT DETAILS:

Address: _____ **Email:** _____

Contact Mobile Number: _____

FATHER'S DETAIL:

Full Name: _____ **Occupation:** _____

Place of Work: _____ **Company Address:** _____

Email: _____

MOTHER'S DETAIL

Full Name: _____ **Occupation:** _____

Place of Work: _____ **Company Address:** _____

Email: _____

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مركز برستيجيوس لصعوبات التعلم

Prestigious Learning Difficulties Center

Medical Form

CHILD'S INFORMATION:

Full Name: _____ **Date of Birth:** _____

Gender: _____ **Boy** ☐ **Girl** ☐

In case of emergency, if parents cannot be reached please provide two emergency contact.

Full Name: _____ **Relationship:** _____

Contact Number: _____

Full Name: _____ **Relationship:** _____

Contact Number_____

FAMILY PHYSICIAN INFORMATION:

Doctor's Name: _____ **Hospital/Clinic Number:** _____

Contact Number: _____ **Address:**_____

INSURANCE INFORMATION:

Is your child covered by health insurance Yes ☐ **No** ☐ **if please give me following details**

Health Insurance Co: ----------

Health Insurance card Number ---------- **(Please attach a photocopy of health Insurance Card)**

Does your Child have a UAE Health Card? ☐ **Yes** ☐ **No**

(If yes please attach a photocopy of UAE health card)

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مركز برستيجيوس لصعوبات التعلم

Prestigious Learning Difficulties Center

Student Medical Information

Student Medical History:

1. Does your child have or has suffered from any of bellow condition

- Asthma Hay fever
- Blood Pressure Hearing Problems
- Bronchitis Heart Problems
- Chicken Pox Hepatitis
- Cholera Kidney Disorders
- Cholesterol Measles
- Diabetes Type 2 Mumps
- Diphtheria Pneumonia
- Eczema/Skin Disorder
- Diabetes Type 1 Meningitis

If any

……
……
……

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2. If you have checked any of the boxes above, please provide more information below:

3. Does your child have any allergies? (Dust, Food, Medication, etc.)If yes , please specify below:

4. Are there any restrictions regarding your child's participation in any sporting activities? If yes please specify below:

5. Does your child have disabilities? (Physical, Mental, Social, etc.) if yes please specify below.

6. Has your Child recently been admitted to the hospital or has had any surgeries? If yes please specify below:

7. Does your child take any regular medication or supplements? If yes please specify Below:

مركز برستيجيوس لصعوبات التعلم

Prestigious Learning Difficulties Center

Media Consent Form

PLDC uses photographs and /or videos as part of the curriculum and as an effective visual method of sharing milestones and PLDC life. We also wish to celebrate with families what makes PLDC and our children so special through various social media initiative. Images may therefore be used in class and /or published in a variety of forms:

Within premises i.e. shared with other students, and their families via school displays, class assemblies class photos, newsletters, videos made in class.

Via communication Channels, i.e. aimed at children's families, shared on channels that could also be viewed by other parents, such as our website, school communication newsletters, etc.

Via social media i.e. shared through the PLDC's Facebook, twitter, Instagram Printerest, LinkedIn pages and YouTube Channel.

Please be assured that the following guideline will be adhered to:

1. Images will be appropriate, modest and culturally sensitive
2. Children's full names will not be published at any time
3. All images will remain the property of PLDC

Please indicate your permission for the use of images:

(Please Tick)

☐ YES, I authorize PLDC to photograph and film me and my child use images on internal and external communication Channels.

☐ NO, I authorize PLDC to photograph and film me and my child use images on internal and external communication channels.

Name of Child: _____

Child's Class: _____

Name of Parent/ Legal Guardian: _____

Signature of Parent / Legal Guardian: _____

Date: _____

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Student Medical Information Form Acknowledgement

I hereby confirm that all the above medical information is accurate and correct to the best of my knowledge. I endeavor to provide PLDC with any changes to this information as and when I become aware of them.

Parent's Name:

_____

Parent's Signature:

_____

Date (dd/mm/yyyy):

_____