

Medical Information Form

Required for all students · Please complete in full

Student Information

Full Name of Student:

Date of Birth:

Programme Enrolled:

ID / Passport Number:

Emergency Contact

Parent / Guardian Name:

Relationship to Student:

Contact Number (Primary):

Contact Number (Secondary):

Medical Information

Doctor's Name:

Doctor's Contact Number:

Medical Aid / Scheme Name:

Medical Aid Number:

Health Conditions

Does the student have any known allergies? (Please specify)

Does the student have any chronic medical conditions or take regular medication?

Any previous surgeries or hospitalisations?

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I authorise the administration of Darul Uloom Zakariyya to seek emergency medical treatment for my child/ward if required.

Parent/Guardian Signature:

Date:
