



CONFIDENTIAL MEDICAL INFORMATION FORM

Please specify any allergies (medications, foods, plants, insects, etc.) and any other medical conditions/history that may affect the student. Please provide details of ANY medication the student is taking. Please complete the form below and tick boxes where appropriate.

STUDENT'S PARTICULARS

FULL NAME

YEAR DATE OF BIRTH

NRIC/PASSPORT AGE

Date of Last Tetanus (If unknown, please write 'unknown') Blood Type :

Does your child have asthma/ bronchitis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
High/Low Blood Pressure	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	Frequent Fits/Blackouts	<input type="checkbox"/>
Phobia (please specify) _____	<input type="checkbox"/>	Others (please specify) _____	<input type="checkbox"/>
Head Lice	<input type="checkbox"/>	Travel Sickness/Sea Sickness & Motion	<input type="checkbox"/>
Recent Injury or Operation	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Is there any other physical, psychological or other limitation that the Tour Organizer's should be aware of?

Type of Allergy (e.g. : food, insects, medication, other)	Type of reaction	Required treatment

All medication should be clearly labelled with child's name, name of medication, what it is to be used for, the dosage and when it is to be given.

Name of Medicine	Dose	Frequency (e.g : 3 times a day)

(Parent/Guardian Signature)

Date

Name : _____

Parents are reminded that:

- Students are not permitted to take any unauthorized medication of any kind on the trip without the supervising teacher's knowledge and supervision, and
- Supervising teachers **must** be informed in writing, of any changes to a student's medical history and/or medication which might occur before the trip.

PARENT'S PARTICULAR

Father's /Guardian's Name

Mobile/ House Number 1. 2.

Office Tel No Email

Mother's /Guardian's Name

Mobile/ House Number 1. 2.

Office Tel No Email

Additional Contact (In Case of Emergency)

Name

Mobile/ House Number 1. 2.

Office Tel No Email

Relationship

PERMISSION AND AUTHORISATION FOR TREATMENT:

If I cannot be reached in the event of an emergency, I hereby give consent to the School to seek emergency medical or surgical attention when deemed necessary for the welfare of my child.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

(Parent/Guardian)

Date

Name :



MUTIARA INTERNATIONAL GRAMMAR SCHOOL

PARENTAL CONSENT FORM EDUCATIONAL STUDY TOUR/SCHOOL CAMPS/TRIPS

DESTINATION: _____

DATE: _____

I, _____ (parent/guardian's name) hereby give consent to

_____ (student's name) of _____ (year group) to attend and participate in the above mentioned study tour/camp/trip. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. Inherent risks are associated with any activity or field trip and by granting permission for my son/daughter to participate, I acknowledge that such risks exist. However, I believe that the opportunity for learning outweighs these risks.

I agree on behalf of myself, my child named herein, to hold harmless the School, its staff and/or representatives associated with the event, from all actions, claims, demands, damages, costs, expenses arising from or in connection with any activities related to my child attending the study tour/camp/trip or in connection with any illness or injury or cost of medical treatment and/or loss of personal items arising from the study tour/camp/trip.

Year 7	Year 8	Year 9	Year 10	Year 11
Laman Padi Langkawi, Mangrove Tour, Raft BUilding & Telematch	Sea Kayaking, Jungle Trekking, Basic Survival & Raft Building		Jungle Trekking, S.T.S Puteri Mahsuri & Sea Kayaking	

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____

Date: _____

Name : _____



MUTIARA INTERNATIONAL GRAMMAR SCHOOL

STUDENT'S PARTICULARS:

Name:	Year:
Address:	Gender:
Date of Birth:	Age:
NRIC/Passport No:	

PARENT'S PARTICULARS:

Father's/Guardian's Name:	Mother's/Guardian's Name:
E-mail Address:	E-mail Address:
Mobile / House Telephone No:	Mobile/House Telephone No:
Office Telephone No:	Office Telephone No:
Fax No.:	Fax No.:

ADDITIONAL CONTACT IN CASE OR EMERGENCY:

Name:	Address:
E-mail Address:	Relationship:
House Telephone No:	Mobile Telephone No:
Office Telephone No:	Fax No.:

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature: _____

Date: _____

Note: Please refer to the School Trips Policy available on www.migs.edu.my for more information.