



KINGSGATE
INTERNATIONAL SCHOOL

Silverbull Sdn. Bhd.
No. 2-2, Jalan 3/152, Taman Perindustrian OUG,
Batu 6, Jalan Puchong, 58200, Kuala Lumpur
Tel: 03-7782-4925 | 016-416-1892 | 017-236-7741

Please affix
photo here

STUDENT'S ARRIVAL DATE _____ STUDENT'S DEPARTURE DATE _____

STUDENT'S FAMILY NAME _____

FIRST NAME _____

DATE OF BIRTH (DD/MM/YYYY) _____

GENDER Male Female

HOME ADDRESS _____

EMERGENCY CONTACT DETAILS: Name _____

Telephone _____ Relationship to student _____

Relationship to student: Father Mother Guardian

Level of English: Beginner Elementary Intermediate Upper Intermediate Advanced

MEDICAL INFORMATION

Does the student suffer from and or take medication for:

Does the student suffer from Allergies / Intolerances / Sensitivities? (food / dogs / cats / etc.)

YES NO *If YES please specify* _____

DIABETES YES NO

EPILEPSY YES NO

ASTHMA YES NO

CARDIAC YES NO

ECZEMA YES NO

MIGRAINE YES NO

FAINTING YES NO

OTHER YES NO

If YES please specify _____

Has the student had any recent fractures / broken bones / injuries in the last year that have ongoing

YES NO *If YES please specify* _____

Has the student suffered from any illnesses or diseases in the last year that have ongoing

YES NO *If YES please specify* _____

Does the student suffer from any other condition that is important for us to know

YES NO *If YES, please specify* _____

YES NO *If YES, please specify* _____

Please ensure you bring sufficient medication in its original packaging with you for your stay at Kingsgate International School



MEDICAL CONSENT

I give permission for the student to receive the following non prescribed medication from the School:

| | | | | | |
|----------------------------------|-----|----|---|-----|----|
| Paracetamol | YES | NO | Diarrhoea remedy | YES | NO |
| Ibuprofen | YES | NO | Dehydration treatment | YES | NO |
| Antihistamine | YES | NO | Antiseptic wound cleanser | YES | NO |
| Constipation remedy | YES | NO | Sticking plasters | YES | NO |
| Antiseptic throat spray/lozenges | YES | NO | Salbutamol Inhaler <i>(emergency use for diagnosed asthmatics)</i> | YES | NO |

I give permission for the student to receive the following medical treatment where necessary:

| | | | | | |
|--|-----|----|------------------------------|-----|----|
| GP appointment and prescribed medicine | YES | NO | Emergency hospital treatment | YES | NO |
| Blood transfusion | YES | NO | General anaesthetic | YES | NO |

In the event of a medical emergency, you will be contacted at the earliest possible time to give updates and seek detailed consent.

A child (under the age of 16 years) can consent to treatment as long as they have enough understanding and intelligence to appreciate fully what is involved in their treatment. Additional consent by a person with parental responsibility is not required. Any person over the age of 16 years is deemed capable of consenting to their own treatment.

I confirm that the student has sufficient supplies of prescribed medication for the entire length of their stay

I confirm that the information given is true to the best of my knowledge and understand that any information given will be held in confidence

Please inform Kingsgate International School by email if the medical condition of your child changes between the period of signing this Medical Consent Form and the arrival day.

SIGNATURE _____ **DATE** _____