Little Learners
Early Learning Center
مركز المتعلم الصغير
للتعليم المبكر
Email: llelc@eim.ae Website: www.eyeig.ae

Health Declaration Form

Name of Child: _____ Admission No:_____

Date of Birth: _____Nationality: _____ Mother Tongue:_____

Kindly tick (√) the one relevant to your Child

Drug allergies? Yes / No If yes, please specify_____

Is your child currently undergoing treatment for any medical condition? Yes / No

If yes, please specify_____

Does your child wear glasses? Yes / No

Does your child wear a hearing aid? Yes / No

Does your child have any history of the following chronic ailments:-

Hearing loss _____If yes, please explain _____

Visual difficulties_____ If yes, please explain _____

Any other medical information? _____

_____

Doctor's Name: (in case of an emergency) _____

Address:_____

Doctor's Phone Numbers: _____

_____

Name of Guardian (ONLY COMPLETE if not a parent)_____

Phone Numbers _____

_____

Do you have medical Insurance?_____ If yes, kindly list the details

_____

Emergency contact numbers

Name:_____ Mobile Number:_____

Name:_____ Mobile Number:_____

Parent Name: _____ Signature: _____ Date: _____