



STUDENT ALLERGIES, DIETARY AND MEDICAL DECLARATION FORM

FOR-ADM-03
Version: 1.0
Effective Date: 010323

Note: This declaration is to be completed for students who have a known allergy, or dietary or medical conditions for which assistance during an emergency may be required. Medication must be marked with the individual's name and should be self-administered unless they verbally request assistance or their condition makes them unable to do so. For a student under 18 years of age, if their condition could quickly become life-threatening, the parent/guardian must remain present throughout. Staff will not normally administer medicine unless in an obviously life-threatening emergency during which emergency assistance/ambulance may be called at the expense of the parent/guardian. All allergies, dietary or medical conditions should be supported by relevant medical documentation, where possible.

STUDENTS' PARTICULARS [Please tick (✓) and complete the appropriate section below.]

Student's full name
(as per NRIC/passport)
MyKID/MyKAD/
Passport no.:

Level (please ✓):

<input type="checkbox"/>	Primary (Year: ____)	<input type="checkbox"/>	Secondary (Year: ____)
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female

Gender (please ✓):

PARENTS/GUARDIANS PARTICULARS [Complete the appropriate section below].

Parent/guardian's name:
(as per NRIC/passport)

Relationship to student:

Email address:

Contact numbers: Primary number: _____ Secondary number: _____

A. FOOD/FRUITS/VEGETABLES [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Corn	<input type="checkbox"/>	Peanuts/Tree nuts	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	Shellfish/Fish
<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Soy	<input type="checkbox"/>	Garlic	<input type="checkbox"/>	Wheat
<input type="checkbox"/>	Others (please specify): _____						

ALLERGY REACTIONS FROM FOOD/DIETARY ABOVE [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Itchy/ Runny nose	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Hives/ Mild itching	<input type="checkbox"/>	Wheezing
<input type="checkbox"/>	Sneezing/ mild cough	<input type="checkbox"/>	Feeling faint	<input type="checkbox"/>	Mild nausea/ discomfort	<input type="checkbox"/>	Pale
<input type="checkbox"/>	Others (please specify): _____						

MEDIATION TAKEN [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Oral (please specify type): _____	<input type="checkbox"/>	Topical/cream (please specify type): _____
--------------------------	-----------------------------------	--------------------------	--

B. DRUGS/MEDICATION [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Paracetamol	<input type="checkbox"/>	Antibiotic (please specify type): _____	<input type="checkbox"/>	Anticonvulsants (for epilepsy)
<input type="checkbox"/>	Analgesics/Pain killers (please specify type): _____				
<input type="checkbox"/>	Aspirin/Ibuprofen [for infection/inflammation] (please specify type): _____				
<input type="checkbox"/>	Others (please specify): _____				



STUDENT ALLERGIES, DIETARY AND MEDICAL DECLARATION FORM

FOR-ADM-03
Version: 1.0
Effective Date: 010323

ALLERGY REACTIONS FROM MEDICATION ABOVE [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Skin rash/Hives	<input type="checkbox"/>	Itching	<input type="checkbox"/>	Breathing problems	<input type="checkbox"/>	Swelling
<input type="checkbox"/>	Sneezing/ mild cough	<input type="checkbox"/>	Feeling faint	<input type="checkbox"/>	Mild nausea/ discomfort	<input type="checkbox"/>	Pale
<input type="checkbox"/>	Others (please specify):						

MEDIATION TAKEN [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Oral (please specify type):	<input type="checkbox"/>	Topical/cream (please specify type):
--------------------------	-----------------------------	--------------------------	--------------------------------------

C. DUST/PET [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Dust mites	<input type="checkbox"/>	Cockroaches	<input type="checkbox"/>	Mould	<input type="checkbox"/>	Pollen
<input type="checkbox"/>	Pet hair	<input type="checkbox"/>	Fur/feathers				
<input type="checkbox"/>	Others (please specify):						

ALLERGY REACTIONS FROM EXPOSURE TO DUST/PET [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Sneezing	<input type="checkbox"/>	Runny/Stuffy nose	<input type="checkbox"/>	Red/Itchy/Teary eyes
<input type="checkbox"/>	Skin rashes/itching	<input type="checkbox"/>	Mild nausea/discomfort		
<input type="checkbox"/>	Others (please specify):				

MEDIATION TAKEN [Please tick (✓) and complete the appropriate section below].

<input type="checkbox"/>	Oral (please specify type):	<input type="checkbox"/>	Topical/cream (please specify type):
--------------------------	-----------------------------	--------------------------	--------------------------------------

MEDICAL CONCERNS [Please tick (✓) and complete the appropriate section below].

Type	Condition	Remarks	Medication (if any)
Asthma/Breathing problems			
Attention Deficit/ Hyperactivity disorder			
Diabetes			
Head Injury/Concussions			
Heart Problems			
Seizures/Epilepsy			
Spinal Injury			
Surgery			
Others (please specify):			
Others (please specify):			



STUDENT ALLERGIES, DIETARY AND MEDICAL DECLARATION FORM

FOR-ADM-03
Version: 1.0
Effective Date: 010323

PERMISSION TO GIVE MEDICATION [Please tick (✓) and complete in the appropriate section below].

<input type="checkbox"/>	Paracetamol Tablet	<input type="checkbox"/>	Paracetamol Syrup [1-6 years old]	<input type="checkbox"/>	Paracetamol Syrup [6+ years old]	<input type="checkbox"/>	Gaviscon 10ml
<input type="checkbox"/>	Syrup Benadryl	<input type="checkbox"/>	Throat lozenges				
<input type="checkbox"/>	Others (please specify type):						
<input type="checkbox"/>	To contact parents/guardians if needed						

PERSONAL DATA PRIVACY NOTICE

Asaint International Sdn. Bhd. (201901021786 (1331115-U)) ("School") respects and values the privacy of individuals with regard to personal data and strives to protect the same in accordance with the Personal Data Protection Act 2010 ("the Act"). As part of the School's efforts to protect your personal data, this Personal Data Privacy Notice is formulated in accordance with the Act. For the purpose of this Personal Data Privacy Notice, "Personal Data" shall have the meaning as ascribed in the Act. This Personal Data Privacy Notice applies to any person whose Personal Data is processed by the School including but not limited to ES customers, employees, suppliers and tenants.

By signing this, I am certifying I understand the disclaimers in this form and verify the information provided is true and correct.

Student's signature: _____

Parent's signature: _____

Date: _____

Date: _____

FOR OFFICE USE ONLY

Remarks:

Date: _____