



# Ontario Muslim Academy

Full-Time Islamic School & Madrasah

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## Medical and Health Records

**NOTE: FILL IN BEFORE PRINTING. ALL FIELDS NEED TO BE FILLED TO PROCESS APPLICATION**

### Student Information

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>
		Home Phone	<input type="text"/>

### Student's Doctor

Doctor's Name	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>

### Health History

Please check if student has or had any of the following:

<input type="checkbox"/> Hernia:	<input type="checkbox"/> Appendicitis: :	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problem
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Sinus Problem
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Severe Stomachaches		

Tetanus – Date of last inoculation: \_\_\_\_\_

Any minor illnesses or injury during the past year? \_\_\_\_\_

Any operations or serious injury? (dates) \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any condition now requiring medication? \_\_\_\_\_

Name of medication: \_\_\_\_\_

Any restrictions of activity for medical reasons? (explain) \_\_\_\_\_

Any reaction to penicillin or any other drugs? \_\_\_\_\_

Any other health concerns/problems: \_\_\_\_\_

### PLEASE READ CAREFULLY AND SIGN BELOW (SIGNATURE OF BOTH PARENTS IS REQUIRED)

In case it is necessary to have treatment done in the emergency room of a hospital or for actual admission, it is important that both parents sign below.

The health history for the above mentioned student is true, as per my knowledge and the person(s) herein described gives permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician, selected by an adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter.

In consideration of the benefits to be derived and in view that **Ontario Muslim Academy** is an educational institute, in which enrollment is voluntary, I hereby agree to my son's/daughter's participation and waive all claims against the leaders of this function, and officers, agents, and representatives of **Ontario Muslim Academy**. I will bear all medical and health expenses for my son/daughter, whatsoever.

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature