



EMIRATES NATIONAL SCHOOL CLINICS

CONSENT FOR EMERGENCY CASES AT SCHOOL

Student Name: _____ DOB : _____

Grade / Sec : _____ Nationality : _____

In case of an emergency at school I recommend my son / daughter to take ;

Recommended Hospital; _____

Emergency contact No ; 1 _____

2 _____

3 _____

* Kindly send a copy of your child's vaccination card and valid insurance card.

Name of Parent : _____ Signature: _____

Date: _____