



ICS General Consent Form

Student Name:	Date of Birth:
Student Class:	
Student ID No.:	
<ul style="list-style-type: none">I agree to the School Health Team providing medical services for my son/daughter.	
<ul style="list-style-type: none">I agree that these medical services will remain provided to my son/daughter during their time at ICS, until I either refuse the medical services or he/she is transferred out of International Community Schools.	
<ul style="list-style-type: none">My consent involves a general approval of curative and/or preventive services that may include first aid, screening for height, weight, vision acuity, vaccination and referral to primary health centres or emergency room, when necessary.	
<ul style="list-style-type: none">I understand that some of the diagnostic results may be reported to the concerned official department (such as HAAD, ADEK, or any other official entity).	
<ul style="list-style-type: none">In case of refusal, please be informed that no services will be offered unless it is an emergency.	
<ul style="list-style-type: none">If my son/daughter needed to be transferred to the emergency unit in my absence and the absence of a legal guardian, then I authorize ICS's School Administration to transfer to the emergency unit.	
<ul style="list-style-type: none">When deemed necessary, I give permission for the ICS School Nurse to undertake a Head Lice Check.	
<input type="checkbox"/> I agree with the above statements <input type="checkbox"/> I disagree with the above statements Should you disagree please specify the reasons:	
Signature of Students Parent or Legal Guardian (please complete in pen) If a parent is not legally allowed to consent for their son/daughter, the next section MUST be completed by the LEGAL GUARDIAN.	
Full Name:	
Relationship to Student:	Mobile Number:
Signature:	Date: