



# DARUL ULOOM LONDON

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## Student Details Update Form

National Insurance (over 16 pupils) : \_\_\_\_\_

Personal Details		
First Name (as on the Passport/Birth Certificate):	Surname:	Date of Birth:
Address:		Postcode:

Parent/Guardian Details	
First Name:	Surname:
Relationship to Student:	Contact Number 1 (Preferably a landline):
Contact Number 2:	Contact Number 3 (In case of emergency):
Email address:	

## Medical Details

Does the student suffer from Asthma?                      YES / NO                      Mild / Medium / Severe

If yes, please give details (i.e. How severe is his asthma, what colour inhaler etc.)

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Does the student have eczema or any skin condition?                      YES / NO                      Mild / Medium / Severe

If yes, please provide details of his skin condition:

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Has or does the student suffer from any of the following?

	Yes	No		Yes	No
Arthritis			Giddiness/Dizziness		
Back trouble			Headaches - mild		
Blindness (including colour blindness)			Headaches - severe		
Deafness (in one or both ears)			Migraine		
Diabetes			Hypertension		
Fainting attacks			Skin problems		
Eye trouble			German measles		
Fits			Ear infections		
Epilepsy			Any other illness/issues		

If yes to any of the above please provide details:

Does the student suffer from any allergies?

**YES / NO**

If yes, please complete the allergy form attached.

Do you deem the student to be able to consent to his own medical treatment, without the need for parental permission or knowledge?

**YES / NO**

Do you deem the student to be competent enough to self-medicate?

**YES / NO**

**DECLARATION**

I declare that, to the best of my knowledge, the answers given above are true and complete. I give permission for communication between the School's Staff and my Family Doctor/the relevant authorities to access information if required. I also consent to the administering of First Aid, Non-prescribed medication and Dental.

I give parental responsibility to the school and trust them to make the best judgment for my child.

Signature of Student: .....

Date: .....

Signature of Guardian: .....

Date: .....

## Allergy Form

First Name (as on the Passport/Birth Certificate):	Surname:	Date of Birth:
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What allergies does your son have?

When was he diagnosed with the allergy/allergies? E.g. since birth, 2000, etc.

How severe do you consider the allergy to be? Mild / Medium / Severe

Was he ever hospitalised due to an allergic reaction? Yes / No

Does he require additional support from the madrasah due to his allergy? Yes / No

If yes, please state

Does he take any medication for his allergy? Yes / No

If yes, please state

Any additional comments?

### **DECLARATION**

I declare that, to the best of my knowledge, the answers given above are true and complete. I give permission for communication between the School's Staff and my Family Doctor/the relevant authorities to access information if required. I also consent to the administering of First Aid, Non-prescribed medication and Dental.

I give parental responsibility to the school and trust them to make the best judgment for my child.

Signature of Student: .....

Date: .....

Signature of Guardian: .....

Date: .....