

Dear Parent,

We would like to inform you that a specialized medical team from the Ministry of Health (MoH), Yanbu, will be visiting our school tomorrow (10.02.2026) to conduct a routine health screening for our students. The check-up will take place during regular school hours within the school premises. These screenings are a vital part of our commitment to ensuring the well-being and healthy development of every child.

To help the medical team provide the best care and assessment, we kindly request that you inform the school immediately if your child has any **pre-existing medical conditions** or specific health concerns.

Please notify us if your child manages any of the following:

Diabetes, Epilepsy or Seizure disorders, Hearing or Vision impairments, Heart Disease, Allergies (specifically Food or Drug allergies), Sickle Cell Anemia, Thalassemia, Etc., Or Any other chronic ailments.

(Please mention the ailment)

**Sd/-
Principal**

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(Please send this circular back tomorrow itself for the formalities with the Ministry of Health Officials.)

PARENT CONSENT FORM

I Father / Mother of
..... studying in the class

acknowledge that I have read and understood all the information in this form, and I pledge that all the data provided is true and accurate. I also pledge that my failure to indicate any of the above-mentioned cases constitutes a denial of the existence of anything that warrants disclosure, and I bear full responsibility in case of any violation thereof.

In case of an emergency, I may be reached at _____ (Mobile Number)

Parent Signature : date:

