SOUTH VIEW SCHOOL
Imagine Greatness
"Summam Contemplare"

Medical and Immunization Record and Consent Declaration

To be completed and returned to the School Clinic, South View School

CONFIDENTIAL

Pupil Name: ……

Date of Birth: ……

Please note that this form should be completed and returned to South View School prior to your child commencing school.

southviewschool.com +9714 589 7904 South View School, Remraam, Dubai info@southview.ae

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Parental Consent

As the parent/guardian of.....(print child's name), I give my consent to the following:

Consent for Emergency Treatment

In the event that your child has an accident or requires emergency treatment, the school requires permission to administer emergency first aid and if required, arrange transport to hospital for diagnosis and treatment. In such cases, every attempt will be made to contact you as quickly as possible.

If we are unable to contact you, your child will be taken to a doctor/ hospital for diagnosis and treatment. Efforts to contact you will continue. Our policy is to take a child to Mediclinic Parkview. In the event that parents cannot be contacted, I authorise and empower the Medical Team to make all decisions concerning the medical and / or surgical care of my child.

☐ Yes ☐ No

Name of Parent .....

Signature of Parent: ..... Date .....

Consent for Medical Examination

It is the requirement of the Dubai Health Authority (DHA), that all children have a medical examination for specific target group set by Dubai Health Authority.

Our School Doctor will carry out the medical examination at South View School throughout the school year. The examination includes screening of vision and examination of ears, throat, heart, lungs and abdomen and BMI measurement.

Our Nurse also conducts annual general height and weight checks.

This service is currently offered to you by SVS, however, if you prefer to have your child examined by your own GP you may do so at your convenience. The school will require a copy of the doctor's report to keep on file in your child's school health record.

We would also like to assure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times by the School Nurse during the examination.

I give consent to my child having medical examinations at school.

☐ Yes ☐ No

Name of Parent: .....

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Consent for Administering Medication

The following are the first aid medications available in the school clinic. Please tick the medicines that you consent to being be administered to your child when necessary.

Medicine	Indication	Yes	No	Remarks (if any)
Paracetamol Syrup and Tablet	Pain and fever			
Brufen Syrup and Tablet	Pain and fever			
Zyrtec syrup	Allergic reaction			
Claritine tablet	Allergic reaction			
Buscopan tablet	Abdominal cramps			
Fenistil Gel	Itching, insect bite, burn			
Betadine	Antiseptic			
Arnical Gel	Swelling after injury, bruises, muscle pain)			
Reparil Gel	Pain, swelling after injury, muscle pain			
Medijel	Painful mouth sores			
Strepsils Lozenges (above 6 years)	Sore throat			
Fucidin Cream (antibiotic)	Cuts and wounds			
Salbutamol Nebulization	Breathing difficulty/emergency			

Name of Parent: .....

Signature of Parent: ..... Date .....

(Please note that all consents are valid for the duration of time that your child attends South View School)

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INFECTION CONTROL POLICY

In order to reduce the spread of illness in school, the following regulations apply.

1. Please DO NOT send your child to school if they have
   - Fever (≥ 37.5°C)
   - Unexplained skin rash that has not been assessed by a doctor.
   - Vomiting (return to school 24 hours after last episode of vomiting)
   - Diarrhea (return to school 24 hours after last episode of diarrhea)
   - Heavy nasal discharge/ runny nose
   - Strep Throat (do not return to school until they no longer have a fever, have been taking antibiotics for at least 24 hours, and have a clearance certificate of recovery from infection)
   - Persistent cough
   - Red, painful or sticky (yellow discharge) eyes (only return to school once discharge ceased).
   - Head lice/nits.
   - Consider keeping your child home, if he/she is particularly tired

2. If they have an infected or sore wound, warts or molluscum contagiosum, the affected area must be covered by a well-sealed dressing or plaster (especially during swimming or other specified activities).

3. If your child is assessed by the School Medical team and thought to be ill or a possible source of infection to others, you will be contacted to pick them up from school ASAP. They should be collected within 1 hour.

4. All children with infectious diseases should be away from school for all periods of contagiousness. Your child will be allowed to re-attend school only with a medical certificate, stating that the medical condition is no longer infectious, (It is fitness certificate with final diagnosis mentioning child is fit to attend school)

5. Please inform the school if your child has been or being treated for a medical condition.

☐ I have read and understood the above Infection Control Policy.

Name of Parent: .....

Signature of Parent: ..... Date .....

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MEDICATION POLICY

- All medicines should be handed to the nurse and stored safely at the clinic (as per DHA guidelines)
- Only the school nurse and doctor have the right to administer medicines.
- Parents should inform the school clinic of any treatment their child is receiving and submit a doctor's report and prescription with details of the treatment (dose and duration of the treatment).
- Parents will be required to give written consent in a Medical Form available in the school clinic for the administration of any specified medication.

☐ I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name, treating physician's instructions/care plan and provide the original prescription and any other documentation to assist in the safe administration of the specified medications.

Name of Parent: .....

Signature of Parent: ..... Date .....

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IMMUNIZATION INFORMATION

South View School will be providing immunization for students under the umbrella of Dubai Health Authority. School vaccination starts from Year 2. If the vaccination certificate is not in English, the school requires a full translation in English.

Please attach a copy of your child's vaccination records for our file. The Dubai Health Authority request the school to keep an up-to-date register of each child's immunization history. Please inform the School clinic whenever the child receives a new vaccine. If you do not have the record with you, please inform the school nurse.

Please note the Medical Team will request Original vaccination record prior to giving school immunization. Vaccination consent and pre-vaccination checklist will be sent to parents of identified eligible students.

☐ I have read and understood the above.

Name of Parent: .....

Signature of Parent: ..... Date: .....

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GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Public Health Protection Department- School Health Section

Student Medical Form & General Consent

Student Photo

Dear Parent/ Guardian of the Student:

Please fill the following form accurately to ensure maintaining and monitoring your child's health and wellbeing during the school year

School Information
School Name: ..... Grade: ..... Section: .....

Student Information
Student Full Name: ..... Gender: .....
Date of Birth: ..... Nationality: .....
Parent or Legal Guardian Name: ..... Relationship: .....
Mobile Number (1): ..... Mobile Number (2): .....
E-Mail: ..... Emirate: .....
In case of Emergency and we are unable to reach the parent/guardian, the following person can be contacted:
Name: ..... Relationship: ..... Mobile Number: .....

Required Attachments			
Student's Emirates ID Copy	☐ Yes	☐ No	ID Number: .....
Student's Passport Copy	☐ Yes	☐ No	
Original Vaccination Card or Updated Copy	☐ Yes	☐ No	
Health Card Copy (if any)	☐ Yes	☐ No	Health Card Number: .....
Health Insurance Card Copy (if any)	☐ Yes	☐ No	

Student Medical History

	Health Problem	Yes	No	Comments
1	Does the student suffer from any allergy to medicine, food, dust, etc.? If yes, please specify in comments			
2	Does the student suffer from any Cardiovascular problem?			
3	Does the student suffer from Diabetes?			
4	Does the student suffer from Hypertension?			
5	Does the student suffer from Bronchial Asthma?			
6	Does the student suffer from any Renal Problem?			
7	Does the student suffer from Epilepsy or Convulsion seizures?			
8	Does the student suffer from Epistaxis?			
9	Does the student suffer from Hemolytic Anemia, type G6PD?			

Public Health Protection Department- School Health Section

Student Medical Form & General Consent

10	Does the student suffer from any Hereditary Blood Disease (e.g. Thalassemia, sickle cell anemia, Hemophilia)? If yes, please specify in comments			
11	Does the student suffer from any Skin Problem?			
12	Does the student suffer from any Eye problem (Myopia, Hyperopia…)? If yes, please specify in comments			
13	Does the student suffer from any Hearing problem?			
14	Dose the student use any medical aid device? If yes, please specify the device details in comments			
15	Did the student undergo any surgery in the past? If yes, please specify the details in comments			
16	Was the student ever hospitalized? If yes, please specify the reasons in comments			
17	Does the student have any health condition that could weaken the immune system such as Cancer (Blood cancer, Lymphoma), or an organ transplant? If yes, please specify in comments			
18	Did the student get any blood, antibodies or plasma transfusion in the past?			
19	Did the student suffer from any of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), If yes, please specify details in comments			
20	Did the student suffer from Viral Hepatitis?			
21	Did the student suffer from Poliomyelitis (Infantile paralysis infection)?			
22	Does the student suffer from any Mental or Behavioral Problem? If yes, please specify in comments			
23	Does the student suffer from any other Problem or disease not mentioned here? If yes, please specify in comments			

If the student suffer/suffered from any of the health problems mentioned or not mentioned above, please answer the following questions

Medications or Treatments taken continuously

Medicine Name: ..... Dosage: .....

Emergency Medications

Medicine Name: ..... Dosage: .....

Any treating Doctor instructions on Student's nutrition

.....

Any treating Doctor instructions on Student's physical activity and exercise

.....

Any treating Doctor instructions for Student's School Doctor/Nurse to apply during the school day

.....

Public Health Protection Department- School Health Section

Student Medical Form & General Consent

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Family Medical History

	Health Problem	Yes	No	Comments
1	Any Cardiovascular problem and Hypertension			
2	Diabetes			
3	Any Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia)			
4	Any type of Cancer			
5	Any Immune System problem			
6	Any Mental Health problem			
7	Others, please specify in comments			

I agree for my child to have curative and/or preventive services that may include first aid, screening for height, weight, vision acuity, hearing test, dental checkup, Comprehensive Medical Examination, referral to emergency room when necessary, administer emergency medications when needed, and applying the Healthcare Management plan which is planned for based on the instructions of the treating doctor and parents.

Parent/ Guardian approval and verification for the above mentioned information

☐ **I certify that the above provided information are valid**

☐ **I agree for my child to be provided with the above mentioned health services according to the need**

☐ **I disagree for my child to be provided with the above mentioned health services (**In case of refusal, the above services will not to be offered except in emergency situations which require immediate intervention)

Parent /Guardian Name: ..... Relationship: .....

Parent/ Guardian Signature: ..... Date: .....

Notes

- **Please attach medical reports about the Student's health problem, if any**
- **It is the responsibility of the Student's Parent/ Guardian to inform the school clinic of any changes in the Student's health status and submit medical reports accordingly to update the Student's Medical Record at School.**

Please contact the School Doctor/Nurse if there are any queries