

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.

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:

Signature of Parent: Date

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 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)

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 ($\geq 37.5^{\circ}\text{C}$)
 - 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

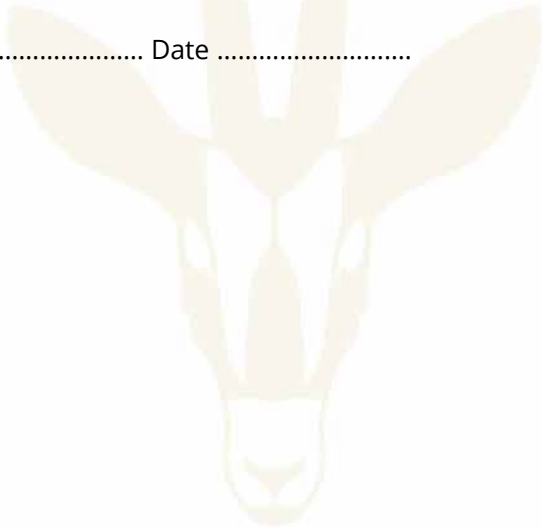
MEDICATION POLICY

- 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



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.

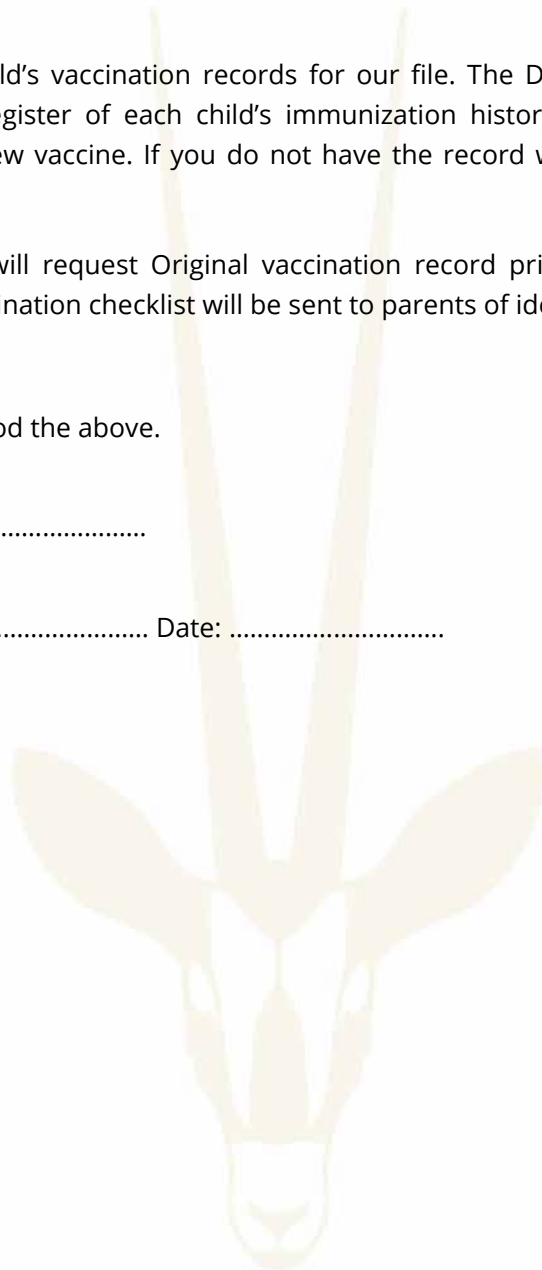
Please attach a copy of your child's vaccination records for our file. The Dubai Health Authority request the school to keep an up-to-date register of each child's immunization history. Please inform the School clinic whenever the child receives a new vaccine. If you do not have the record with you,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



Student Medical Form

Photo

Dear Parent or Guardian of the Student:

Please fill the attached form accurately in order to protect your son or daughter's health.

If the answer is yes, please write the date and details in comments cell. Accuracy is needed for us to be able to follow their health status.

Best wishes for good health and wellness

School Information			
School Name: Grade: Class:			
Student Information			
Student Full Name: Gender:			
Date of Birth: Nationality:			
Parent or Legal Guardian Name: Relationship:			
Mobile Phone Number (1): Mobile Phone Number (2):			
E-Mail: Emirate:			
In case of Emergency and not being able to reach parents, the following person can be contacted:			
Name: Relationship: Mobile Phone Number:			

Required Attachments			
Student Emirates ID	Yes	No	ID Number:
Student Passport Copy	Yes	No	
Original Vaccination Card	Yes	No	
Health Card Number (if any)	Yes	No	Health Card Number:
Health Insurance Card (if any)	Yes	No	Health Insurance Card Number:

Medical History of the student				
Is there any health problem, out of the following? If the answer is yes, please state the problem type and date in comments cell				
	Health Problem	Yes	No	Comments
1	Any allergy to drug, food, dust			
2	Cardiovascular problem			
3	Diabetes			
4	Hypertension			
5	Asthma			
6	Renal Problem			
7	Epilepsy seizures or Convulsion seizures			

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Student Medical Form

8	Epistaxis			
9	Hemolytic Anemia, type G6PD			
10	Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia), Please specify if any			
11	Skin Problem			
12	Eye problem (Myopia, Hyperopia,), Please specify if any			
13	Hearing problem			
14	Any case that may weaken Immunity System such as Cancer (Blood cancer, Lymphoma), or transplantation, Please specify if any			
15	One of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), Please specify if any			
16	Viral Hepatitis			
17	Poliomyelitis (Infantile paralysis infection)			
18	Mental or Behavioral Problem, Please specify if any			
19	Any other Problem or disease not mentioned here, Please specify if any			
20	Is there a previous exposure to any accident?			
21	Is there any previous hospitalization? Please mention the cause if any			
22	Is there any previous exposure to surgery? Please mention the cause if any			
23	Is there any previous blood, antibodies or plasma transfusion?			
24	Was there a need to use any medical aid device? Please specify if any			

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

Drugs or Treatments taken continuously

Drug Name: **Dosage:**

Emergency Drugs

Drug Name: **Dosage:**

Specific Instructions of the treating doctor regarding Nutrition

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Specific Instructions of the treating doctor regarding exercise and physical activity

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Student Medical Form

Specific Instructions of the treating doctor to school nurse to be applied during the school day				
Family Health History				
	Health Problem	Yes	No	Comments
1	Hypertension			
2	Diabetes			
3	Tuberculosis			
4	Mental disorder			
5	Stroke			
6	Others, specify			
Parent or Guardian approval and verification for the above mentioned information				
Name of Parent or Legal Guardian:				
Relationship:				
Signature of the parent or legal Guardian:				
Date:				
Notes				
The parent of legal guardian of the student should fill this form. He or she is responsible for the above-mentioned information.				
Medical report about the health problem should be attached.				
Parents and Legal Guardians are responsible for informing school nurse about any change that occur in health status of the student. They should provide the school nurse with the required reports needed to be added the student health file.				

Please contact school nurse or doctor if there are any further queries.

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