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- Information Security Classification: Open Shared -Confidential Shared-Sensitive Shared-Secret

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 Academic year

School Information	
School Name: Royal Grammar School Guildford Dubai	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ID Number:
Student's Passport Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Original Vaccination Card or Updated Copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Health Card Copy (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Card Number:
Health Insurance Card Copy (if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?			

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8	Does the student suffer from Epistaxis?			
9	Does the student suffer from Hemolytic Anemia, type G6PD?			
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

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Public Health Protection Department- School Health Section

Student Medical Form & General Consent

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				
Family Medical History				
	Health Problem	Yes	No	Comments
1	Any Cardiovascular problem and Hypertension			
2	Diabetes			
3	Any Hereditary Blood Disease (e. g. Thalassaemia, 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, Back examination scoliosis screening, 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				
Parent/ Guardian approval and verification for the above mentioned information				
<input type="checkbox"/> I certify that the above provided information are valid				
<input type="checkbox"/> I agree for my child to be provided with the above mentioned health services according to the need				
<input type="checkbox"/> 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				
<ul style="list-style-type: none"> • 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 				

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School.
<ul style="list-style-type: none">• This consent has to be filled each academic year and updated whenever required

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

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Please attach recent
passport photo

STUDENT MEDICAL FORM

Confidential

Child's Name:

Date of Birth:

Emirates ID:

Gender:

Nationality:

Address:

Parent/ Carers Name:

Contact Number:

Email:

Class / Grade:

Name of Previous School:

In case of an emergency & parents are uncontactable the following person can be contacted:

Name:

Relationship:

Mobile Number:

Please complete all section of this Medical Health Record. It is necessary that this form is received prior to your child commencing at school, as this is a Dubai Health Authority mandatory document. It is the responsibility of parents to inform the school nurse of any changes in medical conditions. If we do not receive this form back to the clinic, we are unable to provide medical treatment to your child, unless of an Emergency.

STUDENT MEDICAL FORM

Required Attachments

	Yes	No	
Student Emirates ID			
Passport Copy			
Original Vaccination Card/ Coloured Card			
Health Card Number (if applicable)			Health Card Number:
Health Insurance Card (if applicable)			Health Insurance Card Number & Provider:

Medical History of the Student

Are there any health problems, out of the following? If Yes, please state the problem type, & date of onset in the comments box.

	Yes	No	Comments
Any allergies to; food, drugs, dust?			
Cardiovascular problem?			
Diabetes?			
Hypertension			
Asthmatic?			
Renal problem?			
Epileptic, seizures, convulsions?			
Epistaxis?			
Haemolytic Anaemia? G6PD?			

Hereditary Blood Disease? Thalassaemia/ Sickle cell Anaemia / Haemophilia – please specify			
Skin Problem?			
Eye Problem – Myopia/ Hyperopia?			
Hearing Problem?			
Disease of / Weakened Immune System – Cancer/ Transplantation?	Yes	No	Comments
Mumps/ Measles / Diphtheria. / Whooping Cough/ Chicken Pox/ TB?			
Viral Hepatitis?			
Poliomyelitis?			
Mental/ Behavioural Health Issues?			
Any other problem/ disease not mentioned above?			
Any previous accident/ injuries?			
Any previous hospitalization?			
Any previous surgery?			
Any previous blood/ antibody/ plasma transfusion?			
Any medical aid device usage?			

If the student suffers from one or more of the health issues listed above; please answer the following questions;
please ensure medical report and prescription of any drugs is attached.

	Yes	No	Comments
Drugs/ Treatment taken continuously			Drug Name: Dosage:

Emergency Drugs			Drug Name: Dosage
Specific Instructions from child Doctor regarding Nutrition?			
Specific Instructions from child Doctor regarding exercise & physical activity?			
Specific Instructions from child's Doctor to the school nurse to be applied during the day?			

Medical History of the Family

Are there any health problems within the family, out of the following? If Yes, please state the problem type, & date of onset in the comments box.

	Yes	No	Comments
Hypertension?			
Diabetes?			
Tuberculosis?			
Mental Health?			
Stroke?			
Others? Please Specify			

Parents & legal guardians are responsible for informing the school nurse/ doctor about any changes that occur in the health status of the student. They should provide the school nurse with the up to date reports.

Name of Parent/Carer:

Relationship:

Signature:

Date:

GOVERNMENT OF DUBAI
DEPARTMENT OF HEALTH & MEDICAL SERVICES
PRIMARY HEALTH CARE
SCHOOL HEALTH SERVICES
P.O.BOX: 1899—DUBAI

CONSENT FOR IMMUNIZATION

Name of the Child :

Date of Birth :

Name of the School :

Year/Grade :

Please tick (✓) :

I give the consent for the immunization of my child (Please provide the original vaccination record to the school clinic)

I do not agree for immunization of my child (Please sign the letter for refusal)

Name and Signature :

REFUSAL OF IMMUNIZATION

I am Mr. / Mrs. : (Father/Mother) of

Student

This is to inform you that I have objection for my son/ daughter to receive the vaccination

in the school premises for the reason of

.....

I agree & assure to provide the school with a copy of updated vaccination record in regular basis.

Signature :

Date :

Telephone Number :

ACCIDENT/EMERGENCY TRANSFER CONSENT FORM

Should your child have an accident whilst in school and it is felt that urgent medical treatment is required; we would request your permission to take your child to **Kings College Hospital – Dubai Hills**.

We would of course make every effort to contact you, but as you will appreciate it is not always possible.

- € I **consent** to transferring my child to Kings College Hospital- Dubai Hills in case of an accident/ emergency
- € I **do not consent** to transferring my child to Kings College Hospital- Dubai Hills in case of an accident/ emergency

If you do not wish to give permission for your child to transferred to Kings College Hospital- Dubai Hills, you must be available to collect your child once called within 10-15 minutes. In the event you do not consent but are uncontactable / unable to reach the school in the above time, we will act in the best interest of the child and transfer as needed.

Name of Parent:

*Block capitals please

Signature: Date:

SCHOOL DOCTOR MEDICAL EXAMINATION CONSENT FORM

In accordance with the Dubai Health Authority guidelines, children are required to undergo a medical examination at key stages in their lives; FS, Year 2, Year 5, Year 8, Year 11, and on leaving school.

This service is currently offered to you by the school with King's College Hospital London. However, if you prefer your child examined by your own family 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.

Medical examination is carried out by the school Doctor.

We would also like to reassure parents that the safety and wellbeing of children is of crucial importance to us therefore all examinations will be supervised and supported by the School Nurse.

Kindly complete the consent form below and return to the School Nurse.

Student Name:

Class:

- € I **consent** to my child having a medical examination at school
- € I **do not consent** to my child having a medical examination at school.
- € I **prefer my child to be examined by our GP** and have attached relevant doctor's report.

If you wish to withdraw the consent of your child's School Medical Examination at any time throughout his/her stay at school, please email the clinic nurse.

Name of Parent: Date:

Signature:

ADMINISTRATION OF MEDICINES

During the school day, children may develop minor illness or injuries. Children will be assessed by the School Nurses and you will be contacted if necessary.

Whilst on School premises, medication will be given by School Nurses only.

Please see the list below for general medications used in the School Clinic. Please tick below to consent/ decline for each medication. If you have any questions regarding anything listed, please contact the School Nurses.

Medications used in the School Clinic	Yes	No
Strepsils for sore throat (age 6+)		
Anti- inflammatory gel (for inflammation & relieve of muscular pain)		
Paracetamol Syrup/ Tablets (fever or pain relief)		
Optrex eye drops (for dry, itchy, irritated eyes)		
Gaviscon for heartburn & indigestion (age 6+). Please note that parents will be contacted first before this medication is administered		
Teething gel (mouth ulcers and gums)		
Fenistil gel (insect bites, itchiness & sunburn)		
Nexium (12+) for gastro reflux and heartburn symptoms		
Neolyte (oral rehydration salts for dehydration)		
Antiseptic Wound Spray		
Vaseline (Dry skin/lips)		
Sudocream (Dry skin)		
Fucidin / Mebo Cream (For treatment of wound)		
Buscopan (For stomach cramps) Age 6+		
Domperidone- (For Nausea and Vomiting)- Please note that parents will be contacted first before this medication is administered		
Ibuprofen Syrup/ Tablet (for fever / pain relief)		
Cetirizine Syrup/ Tablet (for allergies)		
Sinecod (Cough Syrup)		
Salbutamol Inhaler/ Nebulizer (For Asthmatic)		
Hydrocortisone 1% Cream- For allergies/ inflammation		

Calamine Lotion- For skin itches		
Ortivine Nasal Drops- For Cold and Blocked Nose		

CONSENT FOR THE ADMINISTRATION OF THE ABOVE MEDICATIONS

If your child develops any illness/ injury it may be necessary to administer the above medication. If your child is unable to take this medication, please contact the School Nurses to discuss the use of an alternative.

Child's Name : Class :

Name of Parent:

*Block capitals please

Signature: Date:

INFECTION CONTROL POLICY

The purpose of this policy is to reduce the spread of illnesses in school. Please adhere to the following guidelines:

Please DO NOT send your child to school if they have the following symptoms:

- Fever
- Skin rash
- Vomiting
- Diarrhoea
- Heavy nasal discharge
- Sore throat
- Persistent cough
- Red, watery and painful eyes

Children should not return to school until they are 24 hours symptom free.

Other requests:

1. If your child has an infected sore or wound, it must be covered by a well-sealed dressing or plaster.
2. If your child is assessed by the school nurse and thought to be a possible source of infection to other students and staff, you will be contacted to take them out of school immediately. Your child may need to be seen by a doctor.
3. Please ensure your child's vaccinations-to-date, as advised by the School Nurse, who advises as per the UAE regulations recommended by the Dubai Health Authority.
4. If your child has been diagnosed with a contagious infectious disease i.e. chicken pox (varicella) or German measles (Rubella), please inform the school nurse immediately. A medical report shall be required for your child to return to school. All schools in Dubai act in accordance with the advice from Dubai Health Authority.
5. Head lice/Pediculosis: It is parental responsibility to inspect your child on a weekly basis with a fine-tooth comb. See our Head Lice Policy for details on how to inspect and if required treat Head Lice. Please inform the School Nurse if you detect and treat your child for Head Lice.
6. Please reinforce teaching provided at school – good hand hygiene technique, and cover your cough using a tissue or elbow technique. To view these techniques, please refer to our health education posters or speak to the School Nurse.
7. All children are required to use the hand sanitizer prior to using the library books and computers/laptops.
8. Please inform the school if your child has been or is being treated for a medical condition.

Name of Child:

Name of Parents:

*Block capitals please

Signature:

Date:

I have read and understood the above Infection Control Policy.