

Please attach  
photo



## Medical Health Record

### Confidential

Child's Name ..... Class .....

Date of Joining .....

Name of Previous School .....

Town/City .....

Country .....

**Please submit prior to your child starting at Jebel Ali School (JAS)**

*Please complete all section of this Medical Health Record. It is necessary that this form is received prior to your child commencing at JAS. It is the responsibility of parents to inform the school nurse of any changes in medical conditions.*

## Medical & Immunisation Record & Consent Declaration

Please complete all sections of this Medical & Immunisation Record & Consent Declaration. The information provided will be treated as confidential by all staff. If you have any queries, please feel free to contact a school nurse, who will be happy to answer any questions.

Name of Child:	
Class:	
D.O.B.	
Nationality:	
Father's Name:	
Mother's Name:	
Address:	

### CHILD'S HISTORY OF ILLNESS:

Please tick [✓] appropriately

If yes, please specify month/year

INFECTIOUS DISEASES	YES	NO	NON-INFECTIOUS DISEASES	YES	NO
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD(Glucose6-phosphate dehydrogenase deficiency)		
Tuberculosis			Rheumatic Fever		
Whooping Cough			Surgical Operations		
Chicken Pox			Thalassemia		

### HISTORY OF:

If yes, specify month/year:

Blood Transfusion:			Frequency:
Hospitalisation:			Reason:
			Reason:

### FAMILY HISTORY:

Diabetes			Stroke:
Mental Disorders:			Other: Please specify:
Tuberculosis:			
Hypertension:			

## Health Questionnaire

Child's Name ..... Class .....

**\*Please tick appropriate boxes**

Are you worried about your child's:								
	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Hearing			Eyesight			Speech		
Does your child wear:								
	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Hearing Aid			Glasses			Any Appliance		
Does your child have any problems requiring GP/hospital specialist attention? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Has your child seen a hospital specialist? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Please list any regular medicines your child is taking:								
1) .....			3) .....					
2) .....			4) .....					
Are any of these medicines to be taken at school? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Does your child have any problems which might affect regular school attendance and progress or might affect him/her in school? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Does your child have any problems which might affect full participation in PE or sport? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Does your child usually wet or soil himself/herself during the day or night? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Have you any concerns about your child's health or behaviour? <i>If yes please give details below:</i>							<b>YES</b>	<b>NO</b>
Any additional medical information: <i>(please attach a separate sheet if necessary)</i>								
Name of Parent: .....								
Signed: .....								
<b>Please note that if your child commences any new medication, treatment or there are any changes in their existing medication, the School Nurses must be informed.</b>								

**\*Please feel free to attach any further relevant information.**

## Accident/Emergency 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.

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

Child's name: ..... Class: .....

Father's work no.: ..... Father's mobile no. : .....

Mother's work no.: ..... Mother's mobile no. :.....

Home Tel. No. : ..... Emergency No. :.....

**I do\* / do not\* (\*delete as appropriate)** give permission for my child to be taken to Kings College Hospital in the event of an accident / emergency.

Name of Parent: .....

***\*Block capitals please***

Signed: ..... Date: .....

## Consent for Medical Examination

According to the Department of School Health Guidelines, children require a compulsory school medical examination for Years 1,4,7, and 9; Foundation Stage, and for all new students arriving in Dubai.

This service is offered to you at JAS. The medical examination will be carried out at school by the School Doctor, who is a GP with paediatric experience.

If you prefer to have your child examined by your own family GP, you may also do so. The School Nurse will provide you with a form to be completed by your family GP. The form must be returned to school and will be kept on file in your child's school health record.

We would like to reassure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times during the examination by the School Nurse. You will be informed of any abnormalities that are detected.

I **\*do / \*do not** (*\*delete as appropriate*) consent for my child to have a medical examination at JAS.

Name of Child .....

Name of Parent .....

*\*Block capitals please*

Signature .....

Date .....

## 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 JAS premises, medication will be given by School Nurses only. During school trips medication will be administered by staff with first aid training.

Please see the list below for general medications used in the School Clinic. If you have any objections to your child receiving anything listed, please contact the School Nurses.

<b>Medications used in the School Clinic</b>
Strepsils for sore throat (age 6+)
Olbas oil (nasal congestion)
Vicks vaporub (respiratory congestions)
Arnica gel (for bruising)
Tiger balm for headaches, strains and sprains
Optrex eye bath (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 & tea tree oil (insect bites, itchiness & sunburn)
Deep Heat (12+) for muscular aches & pains
Neolyte (oral rehydration salts for dehydration)
Antiseptic Wound Spray
Burn Spray
Vaseline (Dry skin/lips)
Sudocrem (Eczema and dry skin)
Betadine Ointment (for cuts and abrasions)

## Consent for the Administration of Paracetamol

In the event that your child develops a fever or has pain it may be necessary to administer paracetamol. If your child is unable to take this medication, please contact the School Nurses to discuss the use of an alternative.

Name of Child ..... Class: .....

In the event of the school being unable to contact me **I do\* / do not\*** (***\*delete as appropriate***) consent to my child being given **paracetamol** should it be considered necessary by the School Nurses.

Name of Parent .....

**\*Block capitals please**

Signature ..... Date .....

## Certificate of Immunisation

### **Please attach a photocopy of your child's immunisation record.**

The Department of School Health requires that the school maintains current information of each child's immunisation history.

I confirm that the attached is a true copy of my child's immunisation record. I will inform the school of any further immunisations / boosters my child receives.

Name of Child .....

Name of Parent .....

**\*Block capitals please**

Signature .....

Date .....

## Vaccinations

We are a Vaccine Qualified Clinic, offering a limited selection of booster immunisations. It is very important that you continue at this stage to keep your child's immunisations up to date. Please note that no child can be vaccinated in school under the age of 6 years. Immunisations must be completed by parents up to the age of 6 years.

If you do wish your child to be vaccinated in school after the age of 6 years, this will be conducted by the School Nurses.

Please tick one box only to indicate your intentions:

- I wish to continue my child's vaccination schedule with my own family Doctor/Pediatrician.
- I would like my child to be vaccinated by the nurses in the school.

Name of Child..... Class.....

Signature of Parent/Guardian .....Date .....

If you do not wish your child to be immunised in school, it is compulsory to complete the refusal form from the Department of Health on page 9.

On the refusal form, it is a sufficient reason to say that you are continuing your child's immunisations with your own family doctor.



## Refusal of Vaccinations in the School Premises

Student Name: .....

Date of Birth: .....

Class/Grade: .....

School Name: .....

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: .....

## Jebel Ali School 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
- 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.***

- Vomiting
- Diarrhea

***Children should not return to school until they are 48 hours symptom free.***

For security reasons, the KHDA require the school to know your child is safe at home, therefore, all absences must be accounted for on a daily basis. Please send an email to the school at [absence@jebelalischool.org](mailto:absence@jebelalischool.org) or telephone the school before 9.00 am for EVERY DAY your child is absent. If you have not emailed please send a letter on return to school stating the reason for absence.

### **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 are up-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 doctor's letter/certificate may be required in order for your child to return to school. All school in Dubai act in accordance with the advice from Dubai Health Authority.
5. Head lice/Pediculosis: It is parental responsibility to inspect your child's hair for head lice on a weekly basis with a fine tooth comb. See our Head Lice Protocol on the School Communicator 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 see the School Communicator.
7. All children are required to use the hand sanitizer prior to using the library books and computers/laptops in the ICT suite.
8. Please inform the school if your child has been, or is being treated for a medical condition.

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

Name of child ..... Name of Parent .....

**\*Block capitals please**

Signature: ..... Date: .....