

Student Health Record and Consent for Medical Issues

School name

Pupil Surname		Pupil First Name		Date of Birth	
Tel Home		Father name & mobile		Mother name & mobile	
Dr Name And / Or Hospital		Dr Contact Number		Medical Insurance Provider	
Emergency Contact name & Tel		Year group & Class:		Pupil Esis No.	

PLEASE COMPLETE THE FOLLOWING HISTORY
(Please attach a copy of your child's immunization record with this form)

	Immunization Dates			Pre-school Booster	
Diphtheria, Pertussis & Tetanus (DPT)	1 st :	2 nd :	3 rd :	4-5 Years:	
Polio (drops or injection)					
Mumps, Measles & Rubella (MMR)					
Tuberculin Skin Test (M)	Date:		Pos:	Neg:	
BCG Vaccination	Date:				
Hepatitis B vaccine	Dates:				
Varicella vaccine	Dates:				
Human Papilloma Virus vaccine (girls)	Dates:				

Please indicate with a tick if your child suffers from, or has had, any of the following:

Asthma – Which medication (if any):			
Chicken Pox		Epilepsy	
Ear/Hearing Problem		Eye/sight problem	Glasses:
Eczema		Measles	
Heart disorders		Physical disability	
Diabetes		Allergies	

If you have ticked any of the above please give more details:

Is your child allergic to any food, medicine etc.? Has this been confirmed by a Dr? Please give details:

Has your child ever had an infectious disease? e.g. hepatitis:

Has your child ever had an operation? If so, please give details:

Is your child on any regular medication? If so, please give details:

Is there anything the school should know regarding your child's health that is not mentioned on this form? If so, please state:



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If your child is to be administered a medication from your doctor during school hours, it will only be given with completed appropriate documentation from the parents and doctor. If you give your child any medication before he/she comes to school, please inform the nurse.

Medication including paracetamol/calpol etc. cannot be administered by the school nurse without prior permission from a parent/guardian. It is the parent’s responsibility to ensure that any change of contact numbers are provided to the school office without delay.

Students in Years 1 to 12 will be routinely health screened by the school nurses, to include height, weight and basic vision checks, as per Health Authority Abu Dhabi (HAAD) requirements and HAAD notified of results.

Parental consent for Medical Issues

1. I agree to my child receiving medical treatment and examination, including assessment of vital signs (e.g.: blood pressure, temperature, pulse, heart rate, respiratory rate, finger-prick blood sugar test) as required. If Head lice are found within my child’s year group, I authorize the school nurse to inspect my children’s hair. This treatment will be provided by the school nurses or a certified first aid provider.

2. I agree to take my child to his/her doctor or health clinic for a medical examination/test, whenever such an examination, in the opinion of the Principal/Nurse, is considered to be necessary in the general interests of health and hygiene in the school and following this provide a certificate signed by a qualified practitioner.

3. In case of an accident or other emergency illness where I cannot be contacted as set down in the school procedure, I agree to the school taking appropriate action by contacting the emergency services or escorting my child to hospital.

4. I give consent for routine health checks to be carried out in accordance with Health Authority Abu Dhabi, School Screening Program, and results submitted to Health Authority Abu Dhabi.

I hereby give consent for all 4 medical issues.

Parent/Guardian-Full name:

Parent / Guardian Signature:Date:

Please submit a copy of your child’s vaccination card and a completed and signed form “Parental Consent to Administer Emergency Medication”(PCAEM) with this Student Health Record

Please note that we cannot be held responsible for any outstanding medical information or condition that has not been supplied. We can only act on the information supplied. It is the parent’s responsibility to inform the school of their child’s medical condition or allergies