



**Medical and Immunisation Record
and Consent Declaration
CONFIDENTIAL**

Please attach a
passport-size
photograph
here.

Child's Name: _____

Please complete this form and return it prior to your child starting at Dubai British Foundation (DBF)

COMPULSORY ON ACCEPTANCE

The information provided will be treated as confidential by all staff. If you have any queries please feel free to contact the Nurse, who will be happy to answer any questions.

Name of Child: _____ Class: _____

Nationality: _____ Date of Birth: _____ Gender: M F

Home Tel: _____ Father's Name: _____

Mother's Name: _____ Father's Mobile: _____

Mother's Mobile: _____ Address: _____

Alternative Emergency Contact Person(s)

Name: _____ Mobile: _____

Has your child had any of the following? If yes, please indicate dates in the 'Yes' box.

| ILLNESSES | YES | NO |
|---------------------|-----|----|
| Diphtheria | | |
| Dysentery | | |
| Infective Hepatitis | | |
| Measles | | |
| Mumps | | |
| Pollomyelitis | | |
| Rubella | | |
| Scarlet Fever | | |
| Tuberculosis | | |
| Whooping Cough | | |
| Chicken Pox | | |
| Other | | |

| CONDITIONS | YES | NO | | |
|---|-----|----|--|--|
| Accidents | | | | |
| Allergies | | | | |
| Eczema | | | | |
| Bronchial Asthma | | | | |
| Congenital Heart Disease | | | | |
| Diabetes Mellitus | | | | |
| Epilepsy/Seizures | | | | |
| G6PD (Glucose6-phosphate dehydrogenase) | | | | |
| Rheumatic Fever | | | | |
| Surgical Operation | | | | |
| Thalasaemia | | | | |
| Frequent Gastric Problems | | | | |
| Frequent Headaches | | | | |
| Hearing Problems | | | | |
| Vision Problems/Glasses | | | | |
| Other | | | | |

Please explain any 'Yes' responses in more detail, including treatment and any medications on a regular basis:

Family History: Diabetes

Hypertension Stroke Tuberculosis

Other, please specify: _____

History of: Blood Transfusion No Yes, Frequency: _____

Hospitalisation No Yes, Reason: _____

PARENTAL CONSENT

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

Consent for the administration of an over-the-counter medication

In the event that your child develops a fever or has pain it may be necessary to administer an over-the-counter medication. If your child is unable to take certain medications, please contact the school nurse to discuss the problem.

I consent to my child being given an over-the-counter medication such as paracetamol or neurofen should it be considered necessary by the School Nurse.

Name of Parent (please print): _____

Signature: _____ Date: _____

Consent for emergency treatment

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to a doctor/hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

Name of Parent (please print): _____

Signature: _____ Date: _____

According to school health guidelines any child new to the Dubai school system or school leavers require a school physical. This service is currently offered to you by DBF, however, if you wish to have your child examined by your own family GP please do so within the first term of school. The school will require a copy of the doctor's report to keep on file in your child's health record. DBF has its own doctor. We would also 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. As parents you will be notified prior to any examination taking place and will be given the opportunity to attend.

I consent to my child having a school physical.

Name of Parent (please print): _____

Signature: _____ Date: _____

Please note that all consents are valid for the duration of time that your child attends DBF.

ON ADMISSION

IMMUNISATION HISTORY

The Department of School Health requires that the school maintains current information of each child's immunisation history. It is therefore important the DBF has a copy of your child's immunisation record.

Dubai British Foundation does not have an immunisation programme. Please make an appointment with your doctor for any required immunisations.

Please tick the appropriate box:

I have attached a copy of my child's immunisation records

I will bring a copy to the nurse's clinic as soon as possible

PREVIOUS DUBAI PRE-SCHOOL/KINDERGARTEN/NURSERY (if applicable)

Please tick the appropriate box:

Name of previous pre-school/kindergarten/nursery in Dubai: _____

We have the pre-school/kindergarten/nursery health booklet in our possession and will bring it into the nurse's clinic

As far as we are aware the previous pre-school/kindergarten/nursery still has the health book