



Please affix a recent passport size photograph

## MEDICAL FORM

Please complete all sections of this Medical form, prior to your child commencing the Nursery.

<b>The information provided will be treated as confidential</b>		
<b>Child's Name:</b>	<b>Middle name:</b>	<b>Last name:</b>
<b>Date of birth:</b>	<b>Gender: Male / Female</b>	<b>Home Telephone#</b>
<b>Father's Name:</b>		<b>Mother's Name:</b>
<b>Father's mobile number#</b>		<b>Mother's mobile number#</b>
<b>e-mail:</b>		<b>e-mail:</b>
<b><u>In case of emergency, if parents are not immediately available to contact</u></b>		
1 <sup>st</sup> Emergency Contact ( name & number):		
2 <sup>nd</sup> Emergency Contact(name & number):		
Doctor/Paediatrician's name:		
Mobile/Contact number#		
Clinic/Hospital name:		
Contact number#		
Serious accidents/illness/operations(please specify):		
Has your child ever been hospitalized for any major treatment:		
Blood group (if known):		
<b><u>Any difficulties regarding:</u></b>		
Feeding	( yes/no) please specify:	_____
Vision Impairments	(yes/no) please specify:	_____
Allergies	(yes/no) please specify:	_____
Hearing difficulties	(yes/no) please specify:	_____
Respiratory difficulties	(yes/no) please specify:	_____

### **Family History:**

-Diabetes    -Hypertension    -Mental Disorder    -Stroke    -Tuberculosis

Other, specify\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Does your child have any special dietary requirements? (E.g. Vegetarian, vegan)\_\_\_\_\_

Does your child have any other medical conditions? \_\_\_\_\_



## MEDICAL INFORMATION

**Has your child had any of the following illnesses or suffer from any of these conditions?**

Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequent colds/ Sinusitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
German Measles (Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Red Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scarlet Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poliomyelitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tonsillitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:		

For any “yes”, please provide more details, including treatment, dates and any medication taken on a regular basis.

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Note: If your child commences any new medication, treatment, or changes his/her existing medication, the nursery nurse/manager must be informed accordingly.

### Medicines:

Ideally, unessential medicines should not be brought in to school.  
 No medicine will be administered to your child without a valid doctor’s prescription.  
 If your child does require medication during the day, you must complete and sign the **Medication Authorization Form** before it can be given to your child by the school nurse/manager.  
 In case of an emergency, if we cannot reach you, the necessary medical assistance will be sought to ensure the wellbeing of your child

**Any medicines must be handed directly to the nurse or the nursery manager along with a valid doctor prescription, and not put in child’s school bag.**

Please note that children who become sick cannot remain in school. You will be contacted and asked to collect your child as soon as possible.



## PARENTAL CONSENT

### CONSENT FOR THE ADMINISTRATION OF MEDICATION

In the event that my child develops a fever, pain or allergy, or he/she has injured him/herself, it may be necessary to administer some medication or treatment. I have read and understood the list of the medications or solutions used at the nursery. No other medication other than those identified below and those prescribed by the doctor will be administered. Any exceptions to this must be agreed to by our nursery doctor and subsequently authorised in writing before administration can be allowed.

If my child is unable to use any of these medications, I will contact the Nurse to discuss the use of an alternative.

Medication	Age	For treatment of:	Dosage	Notes
Calpol (Paracetamol)	1 - 4 years	Pain or Fever	120mg/5ml	Every 4 - 6 hours
Arnica Ointment	All	Mild bruising/sprains	As per instructions	As required
Fenistil Gel	All	Allergy , Insect bites		Every 8 hours
Fenistil Drops	1-4 years	Allergy, Insect bites	1 drop/kg	Every 8 hours
Saline nasal drop/spray	All	Blocked nose	1 puff/drop each nose	As required
Optrex Eye wash	All	Sand/Dirt in eye	As per instructions	As required

**I wish/ do not wish to consent to my child being given any of the above, should it be considered necessary by the nurse.**

Name of parent:	Date:
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Parent Signature:

### CONSENT FOR AN EMERGENCY TREATMENT

In the event that my child requires emergency treatment, I will be contacted and asked to collect my child from nursery.

If the nursery is unable to contact me, my child will be taken to a doctor or the nearest hospital (American Hospital) for diagnosis and treatment. Effort to contact me will continue by the nursery.

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

Name of parent:	Date:
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Parent Signature:



## CONSENT FOR MEDICAL EXAMINATION

Dubai Health Authority (DHA) requires medical examination of students.

The process of the medical examination is to screen **all body systems**, including examination of chest, heart, abdomen, skin, eyes, ears, throat, nervous systems and assessment of growth and mental development.

The nurse will be present for the duration of all examinations. The results of the examination are documented in the child's Health Record. Any Findings requiring additional follow up or referrals will be reported to the parents using Clinic Visit Form.

**Only students for whom we have received the written parental consent will be assessed.**

If you have any queries or concerns regarding this examination, please contact the Nursery Manager or your child's nurse.

\*The doctor will only check the child physically and **will not** prescribe any medication nor give any vaccine/do any treatment.

I **give/ do not give** consent for my child to be examined by the nursery Doctor.

Name of Parent:

Date:

Parent Signature:

## INFECTION CONTROL

In order to reduce and minimize the spread of illness in the nursery the following regulations shall apply:

Please DO NOT send your child to the nursery if he/she has:

- Fever ( a fever will be considered as an oral temperature above **99.5°F (37.5°C)**)
- Skin Rash
- Vomiting
- Diarrhea
- Persistent cough
- Heavy nasal discharge
- Red, watery and swelling near the eyes

If your child is assessed by the nurse along with the nursery manager and deemed to be a possible source of infection to other students, you will be contacted to take him/her home immediately.

**I have read and understood the above.**

Name of Parent:

Date:

Parent Signature: