

To ensure the safety and well-being of all children at Emirates National School, in order to prevent the spread of infection diseases, we request your full cooperation for the following matters. Children with infectious or contagious diseases will not be permitted to attend school for certain periods recommended by their doctor and a medical certificate must be presented on the student's first day back.

The following are some health problems for which we recommend to keep/send the students home and visit a doctor.

Common cases like:

- Fever
- Vomiting
- Diarrhea
- Flu
- Persistent cough
- Undiagnosed rash on the body

Contagious diseases like:

- Chicken pox
- Measles
- Mumps
- Scarlet Fever
- Conjunctivitis

Head lice

Any student with live lice found must be sent home. The child will be allowed to return to school after once medicated treatment has been given. When the child returns to school, the School Nurse has to check the head before sending to the classroom, and no live lice found, the child can stay in school.

STUDENT HEALTH FORM

To ensure the safety and well-being of all children at Emirates National School we request your full cooperation and please complete this form.

Student Name:	DOB:
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Gender: Male/Female	Grade/Section:	Nationality:
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Contact Number	Father:	Mother:	Home:
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Emergency Contact Number	
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Student's Health history

Does your child have any of the following? If **yes** please give details such as diagnosis and current treatment. For allergies, specify allergies and note severity of the allergies.

1	Health Problems	Yes	No	Details		
				Food	Medicines	Others
2	Allergies					
3	G6PD					
4	Asthma					
5	Seizure disorder / Epilepsy					
6	Diabetes					
7	Epistaxis (Nose Bleeding)					
8	Other Health Problems					

Please describe any past or present Medical Problems

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

Name of Medicine	Dosage	Time

Name of Doctor, Hospital /Clinic which cares for your child:

Address: _____ Tel No. _____

CONSENT FOR EMERGENCY CASES

In case of an emergency at school I recommend my son / daughter to take;

Recommended Hospital; _____

*** Kindly send a copy of your child's vaccination card and valid insurance card.**

CONSENT TO ADMINISTER NON –PRESCRIBED MEDICINES

I request that my child be given the appropriate non –prescribed medicine in the following cases:

1. Administration of Adol / Calpol / Panadol to control fever, headache and pain.
2. Administration of Ventolin Nebulization to control acute Asthmatic attack.
3. Other, please specify: _____

*** Please note, the School Nurse will not give any medication unless this form is completed and signed.**

1. I agree to hold the school and its employees harmless from any and all liability for the results of taking the medication or the manner in which the medication is given.
2. I give my consent for authorities to take appropriate action for the safety and welfare of my child.

Parent/Guardian: _____

Signature: _____

Date: _____

CONSENT TO ADMINISTER PRESCRIBED MEDICINES

(Please make a copy of this in case you need to send your child to school with medicine.)

Student Name: _____

Grade / Section: _____

Date of Birth: _____

Nationality: _____

I request that my child be given the appropriate prescribed medicine in the following cases:

Name of Medicine: _____

Dose of Medicine: _____

Time of dose: _____

Start Date: _____

Finish Date: _____

This medication has been prescribed for my child by:

Name of Doctor: _____

Diagnosis: _____

Name of Hospital / Clinic: _____

Contact Number: _____

I have confirmed that it is necessary to give this medication during the school day.

***Please provide a copy of the original prescription.**

The medication must be in the original container indicating the contents, dosage, expiry date and child's full name.

Name of Parent: _____

Signature: _____

Date: _____

Contact Number: _____