



Please attach  
recent photo

## Medical Health Record and Parent Consent

### Confidential

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

Residence Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of joining DESS \_\_\_\_\_

Name of previous School \_\_\_\_\_

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

The information provided will be treated as confidential by all staff.

**If you have any concerns regarding your child's health, please contact the school nurses at [dessseniornurse@dessc.sch.ae](mailto:dessseniornurse@dessc.sch.ae) and [dessnurse@dessc.sch.ae](mailto:dessnurse@dessc.sch.ae)**

PO Box 2002, Dubai, United Arab Emirates.  
Tel: +971 4 3371457

**MEDICAL HISTORY**

Has your child suffered from any of the following? If yes, please give details including the dates.

This information is a requirement from the Ministry of Health.

Illness/ Condition	Yes Give details including dates	No
Diphtheria		
Dysentery		
Infective Hepatitis		
Measles		
Mumps		
Poliomyelitis		
Rubella		
Scarlet Fever		
Tuberculosis		
Whooping Cough		
Chicken Pox		
ADHD		
Serious Accidents		
Allergies		
Nocturnal Enuresis		
Bronchial Asthma		
Congenital Heart Disease		
Diabetes Mellitus		
Epilepsy/ Seizures		
G6PD (Glucose 6_phosphate dehydrogenase deficiency)		
Rheumatic Fever		
Thalassaemia		
Surgical Operations		
Vision Problems/ Glasses		
Hearing Problems		

History of: Blood Transfusion Yes/ No, Frequency \_\_\_\_\_

Hospitalization Yes/ No, Reason \_\_\_\_\_

Family History (Please circle and specify relationship to student)

Diabetes

Hypertension

Mental Disorders

Stroke Tuberculosis

Other, Specify \_\_\_\_\_

### MEDICATION

Does your child take any medication regularly (prescription or otherwise)?

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_

Reason for use \_\_\_\_\_

Medicines for ongoing medical conditions such as asthma or allergy maybe kept in the medical room. Care plans for treatment and administration of medicines should be completed (please see the school nurse).

Please note that children are not permitted to carry medicines at school.

---

### IMMUNISATION

Please ensure that your child has received their 'Pre-School Boosters' (2<sup>nd</sup> MMR, OPV & DTP) due age 4-6 years.

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

Please attach an up to date photocopy of your child's immunisation record.

Immunisation record attached

---

### EMERGENCY TREATMENT

Prompt treatment will be offered to children with injuries or other medical conditions requiring attention.

In the event of an emergency, every effort will be made to contact you and an ambulance will be called to take your child to Hospital.

I understand that my child will be taken to hospital in the event of a medical emergency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CONSENT FOR MEDICAL EXAMINATION

In accordance with the Department of School Health guidelines, children require a compulsory medical examination during year 1 and year 5 of their primary school lives. Children also require a medical examination on joining a new school in Dubai at any other time.

This service is currently offered to you at DESS free of charge. The medical examination will be carried out at school by our School Doctor. The school nurse will be present throughout.

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

You will be notified when the school medical is due to be carried out. Please inform the school nurse if you wish to be present during the school medical for your child.

I consent for my child having a medical examination at DESS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## INFECTION CONTROL GUIDELINES

Please help us to keep the DESS community healthy by complying with the following regulations.

Please do not send your child to school with:-

- **A fever**, not to return to school for 24 hours after the last temperature of 38 degrees C (100 F)
- **Vomiting**, not to return to school for 24 hours after the last episode of vomiting
- **Diarrhoea**, not to return to school for 24 hours after the last episode of diarrhoea
- Red, watery infected eyes (conjunctivitis)

If your child is assessed by the school medical staff and thought to have a contagious illness you will be contacted to collect them from school immediately. If your child is sent home from school with vomiting, diarrhoea or a fever of over 38 degrees they will not be permitted into school until at least 24 hours have passed.

## 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. Please indicate below which medications you would be happy for your child to receive.

You will be informed if your child requires any medication during the school day.

Whilst on DESS premises, medication will be given by school nurses only.  
During school trips medication will be administered by DESS staff with first aid training.

MEDICATION	YES	NO
Paracetamol for pain		
Ibuprofen for pain (not for asthmatic children)		
Scopinal Syrup for stomach cramps		
Strepsils for sore throat (only given from age 6)		
Arnica cream for bruising		
Reparil gel for strains and sprains		
Topical gel for insect bites		
Antihistamine liquid/syrup		
Antiseptic cream for cuts and grazes		
Moisturising cream for dry skin		
Saline eye drops		

I consent for the above medication to be administered to my child by DESS staff.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SCHOOL VACCINATIONS



At DESS we offer the MMR, Tetanus, Diphtheria and oral polio vaccinations. These are offered free of charge to children over the age of 6. If you give consent for your child to be part of the vaccination program you will be contacted when a vaccination is due, according to the UAE vaccination schedule. This may vary slightly to the schedule that you have been following. You will be able to accept or decline the offered vaccinations.

You will have the opportunity to be present whilst your child has their vaccination.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Grade: \_\_\_\_\_

I would like my child to be registered in the School vaccination Program, commencing at age six.

I object to my child receiving vaccinations at School.

Reason for objection:

\_\_\_\_\_  
\_\_\_\_\_

**I agree & assure to provide the school with a copy of updated vaccination record on a regular basis.**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please note that you will be advised according to the UAE vaccination schedule.**

**NO CHILD WILL BE VACCINATED WITHOUT PARENTAL CONSENT.**