



Delhi Private School Dubai

HEALTH INFORMATION

OVERVIEW OF POLICY

The school nurse maintains medical records for every child and requests parental help in keeping these records up to date. If your child has a persistent condition, allergies or any medical condition that the school should be aware of, please specify in detail the nature of the condition, the signs and symptoms and any medication that may need to be administered immediately.

MEDICAL CHECK-UP

The Department of Health and the school require that all students in the school have a general medical examination. Parents will be informed if their child requires any special medical attention.

POLICY ON ACCIDENT AND EMERGENCIES

School Nurse or School personnel shall notify the parents or guardians in the event of accidents and / or cases of emergencies.

POLICY ON MEDICATION

Medication will not be dispensed without written permission. If your child needs to take any medication during school hours, please ensure that this medication is stored in the School Clinic, with the nurse, and that it includes exact directions on administering the medicine including amount and frequency.

POLICY ON INFECTIOUS DISEASES

Children should not be sent to school if they are unwell. In the case of infectious diseases such as Chicken Pox, Conjunctivitis, Mumps etc., they should only return to school when the quarantine period ceases. No child will be allowed to attend school without a medical certificate or the school doctor's approval in the case of having contracted any infectious disease.

HEAD LICE

A check will be done if a case of head lice is reported in any particular class. Parents should not be offended, as this is a common condition amongst children, and can be easily treated. Your co-operation in administering treatment to your child if required would be highly appreciated.

MEDICAL DECLARATION

Please complete the four medical forms (*School Health Record; Infection Control Policy; Medical Treatment-Paracetamol and Authorization for Emergency Treatment*) and return them to the school Nurse as soon as possible once your child has started school.



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SCHOOL HEALTH RECORD

In order to complete your child's DPS Medical Record please provide the following details:

Student's Name

Health Card No..... Male Female

Emirates ID Medical Insurance Details

D. No Nationality..... Date of Birth (dd/mm/yy)

Mother's Name Mother's Tel No Fax No/ Email

Father's Name Father's Tel No Fax No/ Email

Residence Address and Tel No

1. Does your child have any known medical problem or disability? Yes No
2. Does your child wear glasses or contact lenses? Yes No
3. Does your child have any hearing difficulties? Yes No
4. Does your child take any medication other than vitamins? Yes No
5. Does your child have any allergies? Yes No

If you have answered YES to any of the above, please provide further details and indicate clearly whether this condition will, in your opinion, affect your child's ability to participate in any aspect of school life, EG regular classes, sport classes, field trips, after school activities etc.

Signs and Symptoms:

Medication taken to prevent further reaction:

Other information:

6. Previous School in Dubai(if one attended):

7. Consent given for medical examination by School Doctor or Nurse ? Yes No

Please Provide :

8. One Passport-sized Photograph of your child.
9. Copy of vaccination records for our files.



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CONSENT FOR EMERGENCY TREATMENT

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

If the school is unable to contact me, my child will be taken to a doctor or hospital for diagnosis and treatment. Efforts to contact me will continue.

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

Name of Parent: -----Signature: ----- Date: -----

MEDICAL TREATMENT - PARACETAMOL

Student's Name ----- Grade ----- Section -----

I consent to my child being given Paracetamol, should be it be considered necessary by the school doctor or nurse.

If your child is unable to take this medication, please contact the school doctor or school nurse to discuss the use of an alternative medication.

The medical staff will contact you if there are any concerns.

Name of the Parent: -----Signature: -----Date: -----

DELHI PRIVATE SCHOOL INFECTION CONTROL POLICY

In order to reduce and minimize the spread of illnesses in the school, the following regulations shall apply.

1. Please do not send your child to school if they have:
 - Fever
 - Skin rash
 - Vomiting (not to return to School for 24 hours after the last vomiting episode)
 - Diarrhoea (not to return to School for 24 hours after the last diarrhoea episode)
 - Persistent cough
 - Heavy nasal discharge
 - Red, watery and painful eyes
2. An infected sore or wound must be covered by a well-sealed dressing or plaster.
3. If your child is assessed by the School Doctor and/or School Nurse, and deemed to be a possible source of infection to other students, you will be contacted to take the child home immediately.

Please inform the School if your child has been or is being treated for a medical Condition.

I have read and understand the above Infection Control Policy.

Name of parent: -----Signature: ----- Date: -----

Please confirm by signing that you have read the School Clinic Policy www.dpsdubai.com

Consent for Immunization

Child Name: _____

Date of Birth: _____

School Name: _____

Class/Grade: _____

Please Tick (✓) I give the consent for the Immunization of my child

I don't agree for Immunization of my child

Name & Signature _____

Parents/ Guardian

P.O. Box _____ Telephone Number _____

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD.

Child's History of illness:

Please tick (✓) appropriately, if Yes, please specify month/year of illness

Infectious Disease	Yes	No	Non-Infectious Disease	Yes	No
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-phosphate Dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical operation		
Whooping Cough			Thalassemia		
Chicken Pox					

If yes, write the year of illness

History of:

Blood Transfusion No Yes, Frequency: _____

Hospitalization No Yes, Reason: _____ Date _____

Family History: Diabetes - Hypertension - Mental Disorder - Stroke - Tuberculosis - Other, please specify _____

Licensed School Nurse Signature : _____