



THE ALPHA SCHOOL

Medical and Immunisation Record and Consent Declaration

Confidential

The information provided will be treated as confidential.

**Please attach a
passport-size
photograph here**

Name of Child _____

Date of Birth (DD/MM/YY) _____ Gender Male Female

Nationality _____ Home Tel _____

Father's Name _____ Father's Mobile _____

Mother's Name _____ Mother's Mobile _____

Address _____

Insurance Provider _____ Insurance Coverage Type _____

Alternative Emergency Contact Person(s)

Name _____ Mobile _____

Has your child had any of the following? If yes, please mention the date of occurrence

Illnesses

Diphtheria _____ Yes No

Dysentery _____ Yes No

Infective Hepatitis _____ Yes No

Measles _____ Yes No

Mumps _____ Yes No

Poliomyelitis _____ Yes No

Rubella _____ Yes No

Scarlet Fever _____ Yes No

Tuberculosis _____ Yes No

Whooping Cough _____ Yes No

Chicken Pox _____ Yes No

Other _____ Yes No

Conditions

Accidents _____ Yes No

Allergies _____ Yes No

Eczema _____ Yes No

Bronchial Asthma _____ Yes No

Congenital Heart Disease _____ Yes No

Diabetes Mellitus _____ Yes No

Epilepsy/Seizures _____ Yes No

G6PD _____ Yes No

(Glucose-6phosphate dehydrogenase)

Rheumatic Fever _____ Yes No

Surgical Operation _____ Yes No

Thalassemia _____ Yes No

Frequent Gastric Problems _____ Yes No

Frequent Headaches _____ Yes No

Hearing Problems _____ Yes No

Vision Problems/Glasses _____ Yes No

Other _____ Yes No

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

Family History: Diabetes Hypertension Stroke Tuberculosis

Other, please specify: _____

History of: Blood Transfusion No Yes, Frequency _____

Hospitalisation No Yes, Reason _____



THE ALPHA SCHOOL

Medical and Immunisation Record and Consent Declaration

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 reason.

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 _____

Consent for medical examination

In accordance with the school health guidelines, students new to Dubai require a school medical. You may have your child examined by your own GP. The school will require a copy of the doctor's report to keep on file in your child's health record.

Name of parent (please print): _____

Signature _____ Date _____

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

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 that The Alpha School has a copy of your child's immunisation record.

The Alpha School does not have an immunisation programme. Please make an appointment with your doctor for any required immunisations.

Please tick the appropriate box:

- I have provided a copy of my child's immunisation records I will
 bring a copy to the nurse's clinic as soon as possible

This must be provided within the 1st term of attendance.