GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Student Medical Form

Photo

Dear Parent or Guardian of the Student:

Please fill the attached form accurately in order to protect your son or daughter's health.

If the answer is yes, please write the date and details in comments cell. Accuracy is needed for us to be able to follow their health status.

Best wishes for good health and wellness

School Information

School Name: ..... Grade: ..... Class: .....

Student Information

Student Full Name: ..... Gender: .....

Date of Birth: ..... Nationality: .....

Parent or Legal Guardian Name: ..... Relationship: .....

Mobile Phone Number (1): ..... Mobile Phone Number (2): .....

E-Mail: ..... Emirate: .....

In case of Emergency and not being able to reach parents, the following person can be contacted:

Name: ..... Relationship: ..... Mobile Phone Number: .....

Required Attachments

Student Emirates ID	Yes	No	ID Number: .....
Student Passport Copy	Yes	No	
Original Vaccination Card or updated colored copy (authorized)	Yes	No	
Health Card Number (if any)	Yes	No	Health Card Number: .....
Health Insurance Card (if any)	Yes	No	Health Insurance Card Number: .....

Medical History of the student

Is there any health problem, out of the following? If the answer is yes, please state the problem type and date in comments cell

	Health Problem	Yes	No	Comments
1	Any allergy to drug, food, dust			
2	Cardiovascular problem			
3	Diabetes			
4	Hypertension			
5	Asthma			
6	Renal Problem			

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7	Epilepsy seizures or Convulsion seizures			
8	Epistaxis			
9	Hemolytic Anemia, type G6PD			
10	Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia), Please specify if any			
11	Skin Problem			
12	Eye problem (Myopia, Hyperopia, ...), Please specify if any			
13	Hearing problem			
14	Any case that may weaken Immunity System such as Cancer (Blood cancer, Lymphoma), or transplantation, Please specify if any			
15	One of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), Please specify if any			
16	Viral Hepatitis			
17	Poliomyelitis (Infantile paralysis infection)			
18	Mental of Behavioral Problem, Please specify if any			
19	Any other Problem or disease not mentioned here, Please specify if any			
20	Is there a previous exposure to any accident?			
21	Is there any previous hospitalization? Please mention the cause if any			
22	Is there any previous exposure to surgery? Please mention the cause if any			
23	Is there any previous blood, antibodies or plasma transfusion?			
24	Was there a need to use any medical aid device? Please specify if any			

If the student suffer from one of the health problems mentioned or not mentioned above, please answer the following questions

Drugs or Treatments taken continuously

Drug Name: ..... **Dosage:** .....

Emergency Drugs

Drug Name: ..... **Dosage:** .....

Specific Instructions of the treating doctor regarding Nutrition

.....

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Specific Instructions of the treating doctor regarding exercise and physical activity

.....

Specific Instructions of the treating doctor to school nurse to be applied during the school day

.....

Family Health History

	Health Problem	Yes	No	Comments
1	Hypertension			
2	Diabetes			
3	Tuberculosis			
4	Mental disorder			
5	Stroke			
6	Others, specify			

Parent or Guardian approval and verification for the above mentioned information

Name of Parent or Legal Guardian: .....
Relationship: .....
Signature of the parent or legal Guardian: .....
Date: .....

Notes

The parent of legal guardian of the student should fill this form. He or she is responsible for the above-mentioned information.

Medical report about the health problem should be attached.

Parents and Legal Guardians are responsible for informing school nurse about any change that occur in health status of the student. They should provide the school nurse with the required reports needed to be added the student health file.

Please contact school nurse or doctor if there is any further queries

DEWVALE SCHOOL AL QUOZ

Kindly Fill in the consent form below. Please fill in all details along with your Signature.

As the parent/guardian of _____ , I give my consent to the following.

1. Consent for the administration of Paracetamol (*Please note that this is mandatory)

In the event that your child develops a fever or has pain it may be necessary to administer Paracetamol. If your child is unable to take this medication, please contact the School Nurse to discuss the use of an alternative.

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

Name of Parent _____

Signature _____ Date _____

2. Consent for Emergency Treatment

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from 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 _____

Signature _____ Date _____

3. Consent for Medical Examination

According to school health guidelines, children require a medical examination at certain key stages in their lives, KG 1, Grade 1 , Grade 4, Grade 7, Grade 10 and any child new to the school.

The service is currently offered to you by Woodlem Park School, however, if you prefer to have your child examined by your own family GP you may do so at your convenience. The school will require a copy of the doctor's report that will be kept in your child's file.

We would also like to reassure parents that the safety and well being of our children are of prime importance to us and they are supervised at all times by the school nurse during the examination.

As parents, you will be notified prior to any examination taking place.

I consent to my child having a medical examination at school.

Name of Parent _____

Signature _____ Date _____

4. Acknowledgment of Safeguarding

I _____ parent of _____studying in Grade_____, Section _____ hereby state that I have read and understood the Woodlem Park School policy for Safeguarding, Child Protection, Anti bullying and Intimate care.

Should it be necessary, I give permission for my child to recieve intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavor to encourage my child to be independent, and that I will be informed discretely should an occasion for the need of intimate care arises.

Parent's Name :_____ Contact no :_____

Signed :_____ (Parent) Date:_____

5. **If your child has studied in Dubai School, Kindly mention previous School**

School Name : _____ Class and Section : _____ __