



**Star International School, Mirdif
Medical & Immunisation Record
& Consent Declaration**

Please
attach
passport
photo
here

CONFIDENTIAL

The information contained in this document will be treated as confidential by all staff. If you have any queries, please feel free to contact the school nurse, who will be happy to answer any questions.

Name of Child	
Class	
Nationality	
Date of Birth	
Gender (please circle)	Male / female
Home Telephone No	
Fathers Name	
Father's Telephone Number	
Mothers Name	
Mother's Telephone Number	
Emergency Contact Person	
Emergency Contact No	
Family Doctor / Clinic	
Telephone No	

Does your child have Siblings at Star International School Mirdif? **Yes / No** (please circle)

If yes:

Sibling Name _____ Class _____

Sibling Name _____ Class _____

Sibling Name _____ Class _____

Has your child suffered from any of the following?

If yes, please indicate dates in the Yes box and provide further information below.

Illness / Condition	Yes Dates	No	Illness / Condition	Yes Dates	No
Diphtheria			Serious Accidents		
Dysentery			Allergies / Eczema		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy / Seizures		
Rubella			Glucose 6 PD		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Thalassaemia		
Whooping Cough			Surgical Operations		
Chicken Pox			Frequent Gastric Problems		
ADHD			Frequent Headaches		
Hospitalisations			Wears Glasses		
Blood transfusion			Hearing Difficulties		

Further information: _____

Is there any significant family history of illness? _____

Please indicate if your child:

Has any allergies _____

Takes medication on a regular basis _____

Has any physical challenges _____

Please note that if your child commences any new medication, treatment or changes their existing medication, the School Nurse must be informed.

Please attach a photocopy of your child's immunisation record. Please ensure it is legible and in English.

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

I confirm that the attached is a true copy of my child's immunisation record.

Name of Child _____ (please print)

Signature of parent _____ Date _____

Administration of Medication

In the event that your child requires first aid medication and I am unable to contact you, please tick below the medications that can be administered to your child when necessary.

Medication	Reason for administering medication
Panadol Elixir*	Headache, fever and body ache
Panadol Baby & Infant suspension*	Headache, fever and body ache
Scopinal Syrup*	Abdominal Pain
Prospan Syrup (paediatric)*	Cough
Zyrtec Syrup*	Insect bites and itching
Medijel gel	Toothache / mouth ulcer
Strepsils lozenges	Sore throat
Optrex Eye Drops	Redness and itching
Otrivin Nasal Drops	To clear blocked nose
Fenistil Gel	Insect bite and itching
Fucidine Ointment	Minor and major wounds
Bepanthere Cream	Minor Sores
Reparil Gel	Muscles, aches, bruising, stiffness

**You will be contacted prior to administration of these medications*

CONSENT FOR ADMINISTRATION OF PARACETAMOL

In the event that your child develops fever or has pain, and I am unable to contact you, Panadol Elixir or Panadol baby and Infant will be administered.

Name of Child _____ (please print)

Signature of parent _____ Date _____

CONSENT FOR MEDICAL EXAMINATION

According to the Department of School Health guidelines, children require a medical examination at various key stages in their lives (new student, Year 1, Year 5, Year 9 and student leaving).

This service is currently offered to you by Star International. 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 to keep on file in your child's school health record.

Medical examination is carried out by the school doctor.

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

I consent to my child having a medical examination at school

Name of child _____ (please print)

Signature of parent _____ Date _____

CONSENT FOR EMERGENCY TREATMENT

In case of serious accident or emergency, the school requires permission to administer emergency first aid and arrange transport and treatment to a hospital, Every attempt will be made to contact you.

PLEASE ENSURE THE SCHOOL HAS YOUR UP TO DATE CONTACT DETAILS

I understand that my child will be taken to a doctor / hospital in the event of a medical emergency. I give consent to Star International School to administer first aid and arrange transport to hospital and emergency treatment as considered necessary.

Name of Child _____ (please print)

Signature of parent _____ Date _____

Preferred Hospital _____

Please note that all consents are valid for the duration of the time that your child attends Star International.

STAR INTERNATIONAL SCHOOL INFECTION CONTROL POLICY

In order to minimize the spread of infections in the school, the following regulations apply.

Please **DO NOT** send your child to school if they have:

- A fever. Must be free from fever without the aid of medication for 24 hours.
- A skin rash with fever.
- Vomiting (not to return to school for 24 hours after the last vomiting episode).
- A heavy nasal discharge.
- A recurrent sore throat with fever.
- Red, watery and painful eyes. Especially if there is a yellow discharge.

If you are in doubt regarding your child's condition please visit the school nurse before the start of the school day for confirmation that it is "safe" for your child to be in school.

If your child has an infected sore or wound it must be covered by a well-sealed dressing or plaster.

If your child is assessed by the school medical team and thought to be possible source of infection to other students and staff, you will be contacted to take them out of school immediately.

HEAD LICE remains a constant problem for communities in general. Control of head lice depends on prompt diagnosis and effective treatment. Your help in inspecting your child at least weekly throughout the school year for the presence of head lice would be greatly appreciated.

If you suspect your child is infested with head lice please notify the School Nurse and only send to school if proper treatment has been initiated.

Parent Signature _____ Date _____

MEDICAL INFORMATION

MEDICAL FORMS, when your child starts at Star International School, you will be required to complete several medical forms. Please return them promptly with all medical information provided. It is utmost importance that the school is made aware of any condition your child has and any medication they are receiving. This will affect how they are treated in case of an emergency.

MEDICATIONS, students are not permitted to carry medicine with them under any circumstances. If your child needs medication at school, please hand it to the school nurse where it will be stored safely in the clinic. You may also provide the school nurses medicine your child may need at school for an existing condition such as an inhaler for asthma, insulin for diabetes or an EpiPen for allergies. Medicine will not be returned to a student under any circumstances; it must be collected by an adult, either the parent/guardian or the teacher.

SNACK BOXES, to support your child's concentration at school, please encourage them to have nutritious food in their snack boxes. Sweets, cakes and sweet biscuits are strongly discouraged. Fizzy drinks and chewing gum are not allowed. Treats day is only during Thursday.

PLEASE NOTE: Due to the fact that there are students with nut allergies, nuts and food containing protein are strictly forbidden! A peanut allergy can result in a potentially fatal anaphylactic reaction. The parents of these students trust you to ensure your child do not bring nuts to school.