مدرسة جيمس كامبردج العالمية أبوظبي
GEMS Cambridge International School
ABU DHABI

HEALTH INFORMATION FORM 2019-2020

Part 1

Please complete this Health Information Form and return it to our School Nurses, **Mr. Mark Tibayan and Mrs. Vandana Mohan**. The information provided will remain confidential by all staff. Please help us to keep your child safe by providing any details that we need to be aware of. Failure to do so may jeopardise the safety of your child.

Student's Name: Last:	**First:**	**Middle:**	**Gender:** ☐ Male ☐ Female	**Date of Birth:**
School Year:	**Grade:**	**Teacher's Name:**		
Home telephone:	**Father's Mobile:**	**Mother's Mobile:**		
My child has a medical condition that may affect his or her school day: No Yes				
Parent's or Guardian's Name:				
Parent's or Guardian's Signature:		**Date:**		

Part 2

Tick All Boxes That Apply To Your Child. Parent or Guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. If your child has an Individual Health Care Plan, the Parent or Guardian is responsible for providing the School Nurse and the Registrations Department with the necessary medical information and authorisation forms.

1. ALLERGIES *(Please complete EpiPen Authorisation Form if applicable)*

Allergy Type:

☐ Food Please specify	☐ Medication Please specify	☐ Bee Stings
☐ Other:		

Reactions:

☐ Coughing	☐ Hives	☐ Rash
☐ Difficulty Breathing	☐ Local Swelling	☐ Wheezing
☐ Generalised Swelling	☐ Nausea	☐ Other

Currently prescribed treatments to be used *IN SCHOOL*

☐ Oral Antihistamine (Benadryl, etc)	☐ EpiPen
☐ Other:	

2. ASTHMA OR REACTIVE AIRWAY DISEASE *(Please complete Inhaler Authorisation Form if applicable*

Triggers:

☐ Exercise Please specify:	☐ Environmental Please specify
☐ Other:	

Symptoms or Reactions:

☐ Chest tightness, discomfort or pain	☐ Difficulty breathing	☐ Itchy throat, tightness or soreness
☐ Coughing	☐ Hoarseness	☐ Wheezing
☐ Other:		

Currently prescribed treatments to be used ***IN SCHOOL***

☐ Inhalers	☐ Oral Antihistamines	☐ Oral Steroids
☐ Nebulizer	☐ Oral bronchodilator	☐ Peak Flow Monitoring
☐ Other:		
☐ Date of last hospitalisation related to asthma:		

3. DIABETES *(Please complete Procedure Authorisation Form if applicable)*

Currently prescribed treatments to be used ***IN SCHOOL***

☐ Insulin	☐ Syringe	☐ Pen
☐ Pump	☐ Blood Sugar Testing	☐ Glucagon
☐ Oral Medications Please List Oral Medications:		
☐ Is special scheduling of lunch or Physical Education required?	☐ Yes	☐ No

4. SEIZURE DISORDER

Type of seizure:

☐ Absence (staring, unresponsive)	☐ Complex Partial	☐ Generalised Tonic-Clonic grand mal, convulsive)
☐ Other Please explain:		
☐ Is special scheduling of lunch or Physical Education required?	☐ Yes	☐ No
☐ Medications needed ***IN SCHOOL***?	☐ Yes	☐ No
☐ Please List Medications:		
☐ Date of last seizure:	☐ Length of seizure:	

Other Health Conditions: **(please see PART 3)**

☐ Cancer	☐ Heart Condition Please specify:	☐ Hemophilia
☐ Physical Disability Please specify:	☐ Respiratory	☐ Other Please provide details:

☐ Is special scheduling of lunch or Physical Education required?	☐ Yes	☐ No
☐ Medications needed ***IN SCHOOL***?	☐ Yes	☐ No
☐ Please List Medications:		
☐ Special procedures required in school? (continuous or temporary as per physician) Please provide details:	☐ Yes	☐ No

Vision Conditions:

☐ Contacts	☐ Glasses	☐ Other:

Hearing Conditions:

☐ Hearing Aid(s)	☐ Other:

Part 3

Additional Information: Please complete below table.

Illnesses	No	Yes/Date	Conditions	No	Yes/Date/Details
• Chicken Pox			• Major Illness/Hospitalisation (including surgery)		
• Diphtheria					
• Dysentery					
• Infective Hepatitis			• Significant Injury/Accident		
• Measles			• Recurrent Tonsillitis, Sore Throats, Ear Infections		
• Meningitis					
• Mumps			• Frequent Gastric Problems, Stomach Aches		
• Poliomyelitis					
• Rheumatic Fever			• Blood Disorders, G6PD Deficient		
• Rubella (German • Measles)			• Frequent Headaches, Concentration Difficulties		
• Scarlet Fever					
• Tuberculosis			• Emotional/Behavioural • Issues, Weight/Eating Concerns		
• Whooping Cough					
• Other:			○ ADD, ADHD		
			• Nocturnal Enuresis (bed wetting)		
			• Other:		

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Part 4

Parent or Guardian consents for School Nurse to give First Aid Assessment and Treatment in school.

Parent or Guardian Name: ____

Parent or Guardian Signature: ____________________________________ **Date:** ___________________________

Student Health Information is strictly confidential and will not be shared unless an illness or medical condition requires attention when the student is at school. Please return completed form to the School Clinic as soon as possible.

MEDICAL CONSENT FORM

Name of Student:____ **Class:** ______________

Consent for Medication

If your child is unable to take certain medications, please contact the School Nurses, **Mr. Mark Tibayan / Mrs. Vandana Mohan**, to discuss the use of an alternative medication.

Yes ☐ **No** ☐ The School has permission to give my child nonprescription medicines should it be considered necessary by the school nurse. The nurse will always try to call you first to discuss her decision to give medication.

Emergency Treatment

The school nurse will attempt to contact you should an emergency arise.

Yes ☐ **No** ☐ In the event parents cannot be contacted, I authorise and empower GEMS Cambridge International School – Abu Dhabi Nurse or a School Administrator to make any and all decisions concerning the medical and/or surgical care of the child, which may include taking the child to a Doctor or Hospital for emergency treatment.

School Screening

As per the Health Authority of Abu Dhabi (HAAD), your child will receive annual screening tests which consist of:

- Medical History
- Body Mass Index – Height and Weight checking (BMI percentile)
- Vision screening (Eyesight test)

The tests are applicable to students of Year 1 and above.

Yes ☐ **No** ☐ I consent for the School Nurse to screen my child as the HAAD recommendations.

____ **Date**: ____________________

Parent / Guardian Name & Signature

Cambridge