



**DUBAI  
BRITISH  
SCHOOL**  
JUMEIRAH PARK

**Medical and Immunisation Record  
and Consent Declaration**  
**CONFIDENTIAL**

Please attach a  
passport-size  
photograph  
here.

Child's Name: \_\_\_\_\_

***Please note that it is mandatory to submit this completed form to the school PRIOR to your child starting at Dubai British School Jumeirah Park (DBSJP).***

**COMPULSORY ON ACCEPTANCE**

The information provided will be treated as confidential by all staff. If you have any queries please feel free to contact the Nurse, who will be happy to answer any questions.

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F

Home Tel: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Mobile: \_\_\_\_\_

Mother's Mobile: \_\_\_\_\_ Address: \_\_\_\_\_

**Alternative Emergency Contact Person(s)**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Has your child had any of the following? If yes, please indicate dates in the 'Yes' box.

ILLNESSES	YES	NO
Diphtheria		
Dysentery		
Infective Hepatitis		
Measles		
Mumps		
Pollomyelitis		
Rubella		
Scarlet Fever		
Tuberculosis		
Whooping Cough		
Chicken Pox		
Other		

CONDITIONS	YES	NO		
Accidents				
Allergies				
Eczema				
Bronchial Asthma				
Congenital Heart Disease				
Diabetes Mellitus				
Epilepsy/Seizures				
G6PD (Glucose6-phosphate dehydrogenase)				
Rheumatic Fever				
Surgical Operation				
Thalasaemia				
Frequent Gastric Problems				
Frequent Headaches				
Hearing Problems				
Vision Problems/Glasses				
Other				

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

\_\_\_\_\_

Family History: Diabetes  Hypertension  Stroke  Tuberculosis

Other, please specify: \_\_\_\_\_

History of: Blood Transfusion No  Yes,  Frequency: \_\_\_\_\_

Hospitalisation No  Yes,  Reason: \_\_\_\_\_

## 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 problem.

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: \_\_\_\_\_

According to school health guidelines any child new to the Dubai school system or school leavers require a school physical. This service will be offered by DBSJP, however, if you wish to have your child examined by your own family GP please do so within the first term of school. The school will require a copy of the doctor's report to keep on file in your child's health record. DBSJP will have its own doctor. We would also like to reassure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times during the examination by the School Nurse. As parents you will be notified prior to any examination taking place and will be given the opportunity to attend.

I consent to my child having a school physical.

Name of Parent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### 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 the DBSJP has a copy of your child's immunisation record.

Dubai British School Jumeirah Park does not have an immunisation programme. Please make an appointment with your doctor for any required immunisations.

*Please tick the appropriate box:*

I have attached a copy of my child's immunisation records

I will bring a copy to the nurse's clinic as soon as possible

I consent for my child to be vaccinated at Dubai British School Jumeirah Park (DBSJP)

PREVIOUS DUBAI PRE-SCHOOL/KINDERGARTEN/NURSERY (if applicable)

Please tick the appropriate box:

Name of previous pre-school/kindergarten/nursery/school in Dubai: \_\_\_\_\_

We have the pre-school/kindergarten/nursery/school health booklet in our possession and will bring it into the nurse's clinic

As far as we are aware the previous pre-school/kindergarten/nursery/school still has the health book



Child's Name: \_\_\_\_\_

Year/Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parents,

Although many of you have already submitted a copy of your child's immunisation record, the Dubai Health Authority require this information to be recorded in a particular format. Please kindly complete the below information to the best of your knowledge and return to the School Clinic as soon as possible.

**\*Please note, the grey boxes do not require any information**

Thanking you in advance.

Kind Regards,  
School Nurse

Type of Immunisation	Immunisation Dates			Booster			
	1st Dose	2nd Dose	3rd Dose	Booster 1	Booster 2	Booster 3	Booster 4
DPT (Diphtheria, Pertussis, Tetanus)							
DT (Diphtheria, Tetanus)							
OPV (Polio - Drops or Injection)							
Measles							
MMR (Measles, Mumps, Rubella)							
Hepatitis B							

Mantoux (Tuberculin Skin Test)	Date of Test:	Positive/Negative:		
BCG	Date:			

Chickenpox (Varicella)	
Rubella	
Others:	

Parents Name/Signature: \_\_\_\_\_

## Letter for refused vaccination in the school premises

### Dubai British School Jumeirah Park

Student Name: .....

Date of Birth.....

Class/Year: .....

Nationality: .....

I am Mr. / Mrs. .... (Father/Mother) of

Student.....

This is to inform you that I have objection for my son/daughter to receive the vaccination in the school premises, Dubai British School Jumeirah Park (DBSJP) for the reason of:

.....  
.....

**I agree & assure to provide the school with a copy of updated vaccination record in regular basis.**

Signature: .....

Date: .....

Telephone Number: .....