



RAFFLES

INTERNATIONAL
SCHOOL

Towards Excellence

HEALTH INFORMATION

OVERVIEW OF POLICY

The school nurse maintains medical records for every child and requests parental help in keeping these records up to date. If your child has a persistent condition, allergies or any medical condition that the school should be aware of, please specify in detail the nature of the condition, the signs and symptoms and any medication that may need to be administered immediately.

MEDICAL CHECK-UP

The Department of Health and the school require that students in FS, year 2, 6, 10, 13 and all new students have a general medical examination. Parents will be informed if their child requires any special medical attention.

POLICY ON ACCIDENT AND EMERGENCIES

School Nurse or School personnel shall notify the parents or guardians in the event of accidents and / or cases of emergencies.

POLICY ON MEDICATION

Medication will not be dispensed without written permission. If your child needs to take any medication during School hours, please ensure that this medication is stored in the School Clinic, with the nurse, and that it includes exact directions on administering the medicine including amount and frequency.

POLICY ON IMMUNIZATION

RIS is providing immunization for students (whose parents agree for immunization in school) under the umbrella of Dubai health authority. School vaccination starts from the age of 6 years (year 2). The vaccines available are oral polio, DT, Td and MMR.

POLICY ON INFECTIOUS DISEASES

Children should not be sent to school if they are unwell. In the case of infectious diseases such as Chicken Pox, Conjunctivitis, Mumps etc., they should only return to school when the quarantine period ceases. No child will be allowed to attend school without a medical certificate or the school doctor's approval in the case of having contracted any infectious disease.

HEAD LICE

A check will be done if a case of head lice is reported in any particular class. Parents should not be offended, as this is a common condition amongst children, and can be easily treated. Your co-operation in administering treatment to your child if required would be highly appreciated.

MEDICAL DECLARATION

Please complete the five medical forms and return them to the school Nurse as soon as possible once your child has started school.

SCHOOL HEALTH RECORD

In order to complete your child's RIS Medical Record please provide the following details:

Student's Name -----

Heath Card No ----- Male Female

Nationality ----- Date of Birth -----(dd/mm/yy)

Mother's Name ----- Mother's Tel No -----

Father's Name ----- Father's Tel No -----

Residence Tel No ----- Fax No/ Email -----

1. Does your child have any known medical problem or disability? Yes No
2. Does your child wear glasses or contact lenses? Yes No
3. Does your child have any hearing difficulties? Yes No
4. Does your child take any medication other than vitamins? Yes No
5. Does your child have any allergies? Yes No

If you have answered YES to any of the above, please provide further details and indicate clearly whether this condition will, in your opinion, affect your child's ability to participate in any aspect of school life, EG regular classes, sport classes, field trips, after school activities etc.

Signs and Symptoms: -----

Medication taken to prevent further reaction: ----- Other information: -----

6. Previous school in Dubai (if one attended): -----

7. Consent given for medical examination by School Doctor or Nurse? Yes No

Please provide:

8. One Passport –sized photograph of your child.
9. **Copy of vaccination records for our file.**

CONSENT FOR IMMUNIZATION

Child Name: -----
Date of Birth: -----
School Name: -----
Class/ year -----

Please Tick (√)

- I give the consent for the immunization of my child
 I don't agree for immunization of my child.

Name & Signature: -----
Parents/ Guardian

P.O.Box:-----
Telephone Number: -----

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD

Child History of illness:

Please tick (√) appropriately, if yes, Specify Month/Year of illness

Infectious Disease	YES	NO	Non-Infectious Disease	YES	NO
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-Phosphate Dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical Operation		
Whooping Cough			Thalassemia		
Chicken Pox					

If yes, write the year of illness

History of:

Blood Transfusion No Yes Frequency: -----

Hospitalization No Yes Reason:-----Date:

family History: Diabetes- Hypertension- Mental Disorder- Stroke- Tuberculosis-

Other, Specify-----

Licensed School Nurse Signature: -----

This form to be filled by the parents who signed (I don't agree for immunization of my child) in CONSENT FOR IMMUNIZATION



Letter for refused vaccination in the school premises

Student Name:

Date of Birth:

Class/ Year:

School Name:

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 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:



CONSENT FOR EMERGENCY TREATMENT

In the event that my child requires emergency treatment, I will be contacted and asked to collect my child from the school.

If the school is unable to contact me or the emergency contact person, my child will be taken to Rashid hospital (Dubai Government Hospital) accompanied by the School Nurse, for diagnosis and treatment. Efforts to contact me will continue.

I consent to my child being taken to Rashid hospital in the event of a medical emergency.

Name of Parent: -----Signature: ----- Date: -----

RAFFLES INTERNATIONAL SCHOOL INFECTION CONTROL POLICY

In order to reduce and minimize the spread of illnesses in the school, the following regulations shall apply.

1. Please do not send your child to school if they have:
 - Fever
 - Skin rash
 - Vomiting (not to return to School for 24 hours after the last vomiting episode)
 - Diarrhea (not to return to School for 24 hours after the last diarrhea episode)
 - Persistent cough
 - Heavy nasal discharge
 - Red, watery and painful eyes
2. An infected sore or wound must be covered by a well-sealed dressing or plaster.
3. If your child is assessed by the School Doctor and/or School Nurse, and deemed to be a possible source of Infection to other students, you will be contacted to take the child home immediately.

Please inform the School if your child has been or is being treated for a medical condition.

I have read and understand the above Infection Control Policy.

Name of Parent: -----Signature: ----- Date: -----

Consent for Medicines Administration

Student's Name -----Year ----- Section -----

I consent / do not consent to my child being given any of the following medicines, should it be considered necessary by the school doctor or nurse.

If your child is unable to take this medication, please contact the school doctor or school nurse to discuss the use of an alternative medication.

The medical staff will contact you if there are any concerns.

Name of drug	Age	Dose	Indication	Remarks
Paracetamol	All	15mg/kg/ dose	Pain, Fever	Repeat after 4 - 6 hours
Claritine Syrup	2-5 years: Above 6 years:	5ml 10ml	Allergy, insect bite	Every 24 hours
Brufen/Advil	All	5 mg /kg	Pain, Fever	Repeat after 8 hours
Maalox Plus Syrup	2-5 years; 6-18 years;	5ml 5-10ml	Nausea, Indigestion	Repeated after 2 hours
Scopinal syrup	6-18 years	10ml	Abdominal pain	Repeat after 6 hours

Name of the parent: Signature

Date