

# Jumeirah English Speaking School



## Medical & Immunisation Record & Consent Declaration Confidential

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

**Please complete and return prior to your child starting at JESS**

Jumeirah Branch  
P O Box 24942  
Dubai

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Arabian Ranches  
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**School Nurse**  
Mary Barclay

**School Nurses**  
Geraldine Olsson  
Anna Polhill  
Rhona Andrews

Please complete **all** sections of this Medical & Immunisation Record & Consent Declaration and return it to the school nurse at the branch of JESS to which your child attends. **It is compulsory that this form is received prior to your child commencing at JESS**

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** *please circle* \_\_\_\_\_ **Male / Female** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_

**Father's Mobile** \_\_\_\_\_ **Mother's Mobile** \_\_\_\_\_

**Alternative Emergency Number** \_\_\_\_\_ **Contact persons name** \_\_\_\_\_

**Family Doctor's/Clinic Name** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

Illnesses	YES	NO	Conditions	YES	NO
Chicken Pox			ADHD		
Diphtheria			Allergies / Eczema		
Dysentery			Bronchial Asthma		
Infective Hepatitis			Congenital Heart Disease		
Measles			Diabetes Mellitus		
Mumps			Epilepsy / Seizures		
Poliomyelitis			Frequent Gastric Problems		
Rheumatic Fever			Frequent Headaches		
Rubella			Hearing Problems		
Scarlet Fever			Nocturnal Enuresis ( <i>bed wetting</i> )		
Tuberculosis			Serious Accidents		
Whooping Cough			Surgical Operations		
Other			Thalasaemia		
			Vision Problems / Glasses		
			Other		

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

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**Please continue on a separate sheet if necessary.**

**Family History:**

- Diabetes
  Hypertension
  Stroke
  Tuberculosis
- Other, Specify \_\_\_\_\_

# CERTIFICATE OF IMMUNISATION

Please complete clearly all details of your child's Immunisation record.

**Please insert date immunisation was given**

Type of Immunisation	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	Booster	Remarks
BCG					
BCG Screening					
Chicken Pox					
D.T.					
DPT					
Hepatitis B					
Hib					
Measles					
MMR					
Polio					
Rubella					
Others					

**In addition please attach a photocopy of your child's immunisation record for verification**

The Department of School Health requires that the school maintains current information of each child's immunisation history; therefore, it is important that this form is fully completed.

I confirm that this is a true record of my child's Immunisation history.

Name of student \_\_\_\_\_

Name of parent \_\_\_\_\_

( Please print )

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENTAL CONSENT**

As the parent / guardian of \_\_\_\_\_ (print child's name) I give my consent to the following.

**CONSENT FOR THE ADMINISTRATION OF PARACETAMOL**

**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 medication.**

I consent to my child being given Paracetamol 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 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 \_\_\_\_\_

**CONSENT FOR MEDICAL EXAMINATION**

According to school health guidelines children require a school physical at certain key stages in their life, **Foundation 1, Y1, Y4, Y8,** and any child new to the school.

This service is currently offered to you by JESS, however if you wish to have your child examined by your own family GP you may do so at your convenience. The school will require a copy of doctor's report to keep on file in you child's school health record. Each branch of JESS has its own designated 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 Jumeirah English Speaking School.**