



THE AQUILA SCHOOL

Wadi Al Safa 5, Dubailand
PO Box 26540, Dubai, UAE
Tel: 045862700
admissions@theaquilaschool.com
www.theaquilaschool.com

Medical and Consent Declaration

Please note that this form must be completed and returned to The Aquila School prior to your child commencing school.

“Amazing Learning”



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Health Information

Overview

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 Examination Form

This is an annual basic screening program. The screening tests include medical history, Body Mass Index, hearing and vision screening. This screening will take place throughout the year. Families will be informed if their child requires any special medical attention. This is carried out by the visiting doctor in our school clinic and is a basic, non-invasive procedure.

Policy on Medication

If your child needs to take any medication during school hours, please ensure to complete the consent form provided by the school nurse. The medication will be properly stored in the school clinic. Medication will not be dispensed without a written parental permission and a detailed doctor's prescription including dosage and frequency.

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 certain infectious disease.

Head Lice

Families are asked to regularly check their children's hair for lice by watching for excessive scratching of the scalp that can be a sign of infestation. A check-up will be done if a case of head lice is reported in any particular class and a letter sent to the parents. Head lice are a common condition amongst children, and can be easily treated.

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MEDICAL DECLARATION FORM

Dubai Health Authority requires all schools to keep an updated medical records of all the children, which includes their immunisation history. Please make sure that you complete this health information form accurately.

The information provided will remain confidential. Should you have any queries, please feel free to contact the school nurse.

Name of the child: _____

Year Group in 2021/22: _____

Gender: _____

Date of birth: _____

Nationality: _____

Please detail any medical conditions or medical history that the school needs to be aware of including treatment needed or control measures-

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Please detail any genuine allergies your child has-

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Please delete any medications you **do not** give permission for your child to receive-

- Paracetamol – for mild fever and pain
- Plasters
- Administration of Epinephrine in an acute allergic reaction (anaphylactic shock)
- Administration of Salbutamol inhaler to control asthma
- Administration of glucose for hypoglycemia
- Administration of anti-histamine cream for allergic reactions and bites

Name of parent/guardian: _____

Signature: _____

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Date: _____

AUTHORISATION FOR MEDICAL TREATMENT FORM

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, I authorise The Aquila School nurse or member of staff to take decisions regarding the medical and/or surgical care of my child which may include taking my child to a doctor or hospital for treatment.

I consent that my child may be taken to the nearest doctor or hospital in the event of a medical emergency.

Name of parent/guardian: _____

Signature: _____

Date: _____

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CONSENT FOR MEDICAL EXAMINATION FORM

Dubai Health Authority (DHA) requires medical examination of all children. This is an annual basic screening program. The screening test includes reviewing medical history and carrying out Body Mass Index, hearing and vision screening. This examination may take place throughout the year. However, if you prefer to have your child examined by your own family doctor you may do so at your convenience. Please provide the school with a copy of the medical examination report for your child's health file.

The safety and wellbeing of your child is important to us. The school nurse will be present for the duration of all the examination. The results are documented in the child's medical record and any findings requiring intervention or referrals will be reported to the parents.

If you have any concerns regarding the medical check-up in the school, please feel free to discuss it with the school nurse.

Please tick the appropriate statement and sign below:

YES, I give consent for my child to take part in the annual basic screening program as detailed above

NO, I do not want my child to take part in the annual basic screening program

Name of parent/guardian: _____

Signature: _____

Date: _____

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THE AQUILA SCHOOL INFECTION CONTROL POLICY

In order to reduce and minimise 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 (above 37.5 C or 99.5 F)
- Skin rash if contagious
- Vomiting (please do not send your child to school for 48 hours after the last vomiting episode)
- Diarrhea (please do not send your child to school for 48 hours after the last vomiting episode)
- Any infectious disease (e.g. conjunctivitis, chicken pox, mumps, measles etc.)

2. Any infected sores or wounds 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.

4. 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/guardian: _____

Signature: _____

Date: _____

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