



DOHA ENGLISH SPEAKING SCHOOL

Learning Together • High Expectations • Celebrating Success

Pupil Health Record

Please ensure a copy of your child's immunisation record is also submitted with your child's application.

Family Name:		First Name:		Date of Birth:	
Tel (home):		Tel (Father's Mobile):		Tel (Mother's Mobile)	
Tel (Emergency Contact):	Name:		Tel:		

PLEASE COMPLETE THE FOLLOWING HISTORY:

Does your child have any of the following medical conditions?

- Asthma: Anaphylaxis: Diabetes: Eczema: Epilepsy: Epistaxis:
 Heart Disease: Hearing Difficulty: Learning Difficulty: Speech Difficulty:
 Vision Problems: Other: (*Please provide and attach any medical details*)
 No Medical Conditions:

If you have ticked any of the boxes above, please provide further information on this condition, for example medication etc. and complete a relevant care plan.

Is your child allergic to any food or medicine etc.? Please state and describe what reaction occurs:

Does your child require an adrenaline auto-injector for their allergy? YES No

Has your child ever had an infectious disease e.g. chicken pox? If so please state:

Has your child ever had an operation? If so, please state:

Is your child on any regular medication? If so, please state:

Is there anything the school should know regarding your child's health that is not mentioned on this form? If so, please state:

Please indicate which of the following basic 'over the counter medications' you consent to be administered to your child should your child feel unwell. Please note, you will always be notified when oral medication is administered:

- Paracetamol Ibuprofen Antihistamine Throat Lozenges
Topical Creams Eye wash Ventolin Inhaler

If your child is to be administered a prescribed medication during school hours, **it will only be given with accompanying letter from a Parent/Guardian or Doctor**. Please inform the School Nurse if your child is taking any regular medications at home.

Parental Consent

I agree to take my child to his/her doctor or health clinic for a medical examination/test, whenever such an examination, in the opinion of the Head teacher/Board of Governors, is considered to be necessary for the general interests of health and hygiene. I will provide a certificate signed by a qualified practitioner.

In case of an accident or other emergency illness where I cannot be contacted as set in the school procedure, I agree to the school taking appropriate action by contacting the emergency services or escorting my child to hospital. I consent to my child being administered necessary medication if I cannot be reached or in the event of an emergency.

Parent/Guardian's Name:

Date:

