RAFFLES NURSERY

CLINIC AND PERMISSIONS PACK

EARLY YEARS NURSERIES

ARABIAN RANCHES
DUBAI MARINA
HATTAN GARDENS
LAKES
TOWN CENTRE

MONTESSORI NURSERIES

EMIRATES HILLS NURSERY
SPRINGS NURSERY
UMM SUQEIM NURSERY

MEDICAL AND IMMUNIZATION RECORD UPDATE

Please complete **all sections** of this Medical and Immunization Record and Consent Declaration. It is mandatory that this declaration be received **prior** to your child commencing at Raffles Nursery.

The information provided will be treated as confidential.

Name of Child		**Class**	
Nationality		**Date of Birth**	
Gender (*Please circle)*	**Male / Female**	**Home Telephone #**	
Father's name		**Mother's name**	
Father's Mobile #		**Mother's Mobile #**	
Alternative Emergency #		**Contact Name**	
Family Doctor/Clinic Name		**Doctor / Clinic #**	

Has your child suffered from any of the following? **(*Please √*).**
If yes, please indicate the date(s) under the 'Yes' box.

Illnesses	Yes (Date)	No	Conditions	Yes (Date)	No
Chicken Pox			ADHD		
Diphtheria			Allergies/Eczema		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy / Seizures		
Rheumatic Fever			Febrile Convulsions		
Rubella			Frequent Headaches		
Scarlet Fever			Frequent Gastric Problems		
Tuberculosis			Hearing Problems		
Whooping Cough			Nocturnal Enuresis		
Other			Thalassemia/G6PD		

Illnesses	Yes (Date)	No	Conditions	Yes (Date)	No
			Vision Problems / Glasses		
			Serious Accidents		
			Other		

For any 'Yes' responses, please provide more details, including treatment, dates and any medication taken on a regular basis. The information should be supported by a doctor's report where appropriate.

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Note: If your child commences any new medication, treatment, or changes his/her existing medication, the nursery nurse must be informed accordingly.

Family History (*Please √ the appropriate box)*

☐ Diabetes ☐ Hypertension ☐ Stroke ☐ Tuberculosis ☐ Others, please specify:

……

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……..….

Certificate of Immunization

Kindly indicate the date immunization was administered under the appropriate columns, and **attach a photocopy of your child's immunization record for verification**.

Type of Immunization	1st Dose	2nd Dose	3rd Dose	Booster	Remarks
BCG					
BCG Screening					
Hepatitis B					
DPT					
Polio					
Hib					
Measles					
MMR					
D.T.					
Chicken Pox					
Rubella					
Others					

Dubai Health Authority requires that the Nursery maintains current information of each child's immunization history. Therefore, it is important that this form is fully completed.

If you have taken the decision not to vaccinate your child, you will be requested to sign a letter to this effect to be included in your child's health records.

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

Name of Student: …… (Please PRINT)

Name of Parent: ……. (Please PRINT)

Signature …… **Date**……

CONSENT FOR THE ADMINISTRATION OF MEDICATIONS

As the parent/guardian of…….
(PRINT child's full name and date of birth), I give my consent to the following:

In the event that my child develops a fever, pain and allergy, or he/she has injured him/herself, it may be necessary to administer some medication or treatment. I have read and understood the list of the medications or solutions used at the Nursery. No other medications other than those identified below and those prescribed by a doctor will be administered. Any exceptions to this must be agreed to by our nursery doctor and subsequently authorised in writing before administration can be allowed. In this case, I will accept that the administration/application is undertaken at my own risk.

If my child is unable to use any of these medications, I will contact the Nurse to discuss the use of an alternative.

This is to authorize the nurse to administer the appropriate drugs for the various situations, subject to the notification that an alternative be used.

Name of drug	Age	Dose	Indication	Remarks
Adol 120mg/5ml	1 - 4 years	15mg/kg/ dose	Pain, Fever	Repeat after 4 - 6 hours
Fenistil Gel	All	-	Allergy, Insect bite	Every 8 hours
Fenistil Drops	1-4 years	1 drop/kg	Allergy, insect bite	Every 8 hours
Saline Nasal Spray/ Drop	All	1 Puff/ Drop in each Nostril	Blocked Nose	As required
Arnica Ointment	All	As per instructions	Mild Bruising/Sprains	As required

I consent to my child being given any of the above, should it be considered necessary by the Nurse.

Name of Parent: …….. (Please PRINT)

Signature …… **Date** ……

CONSENT FOR THE EMERGENCY TREATMENT

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

If the nursery is unable to contact me, my child will be taken to a doctor or hospital for diagnosis and treatment. Efforts to contact me will continue.

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

Name of Parent …… (Please PRINT)

Signature …….. **Date** ……

CONSENT FOR SCHOOL MEDICAL EXAMINATION

The School Health Programme is a screening procedure of well children, aimed at detecting any abnormalities or defects which might need medical intervention.

Dubai Health Authority (DHA) requires medical examinations of students in nurseries and schools at the following grade levels:

- Nursery
- Kindergarten
- Grade One (G1)
- Grade Five (G5)
- Grade Nine (G9)
- School leaving and students new to Dubai

Please note that, at nursery age, this medical examination will be a general one.

The Nurse will be present for the duration of all examinations. The results of the examinations are documented in the child's Health Record. Any findings requiring additional follow up or referrals will be reported to the parents using the Clinic Visit Form.

Only students for whom we have received written parental consent will be assessed.

If you have any queries or concerns regarding this examination, please contact our Nurse.

I, …….. (Please PRINT)

☐ consent ☐ do not consent – please tick as appropriate

For my child …… (Please PRINT) of class ……. to be examined by the nursery doctor.

Signature …… **Date** ……

RAFFLES INFECTION CONTROL POLICY

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

1. Please **do not** send your child to the nursery if they have:
   - A fever.
   - A skin rash.
   - Vomiting (not to return to nursery for 24 hours after the last vomiting episode).
   - Diarrhoea (not to return to nursery for 24 hours after the last diarrhoea episode).
   - A persistent cough.
   - A heavy nasal discharge (Note: For students with a small cough and/or a clear nasal discharge, they will be allowed to attend class).
   - Red, watery and painful eyes.

2. If they have an infected sore or wound, it must be covered by a well-sealed dressing or plaster.

3. If your child is assessed by the doctor and/or nurse, and deemed to be a possible source of infection to other students, you will be contacted to take them home immediately.

Please inform the nursery 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: ……..… (Please PRINT)

Signature …… **Date** ……

DIETARY INFORMATION

Please note that the Nursery is a NUT FREE environment

Special dietary requirements? ☐ Yes ☐ No

These requirements are due to: ☐ an allergy? ☐ a preference?

Where there is an allergy situation identified an **allergy questionnaire** must be completed.
Please indicate the requirements below:

Vegetarian ……

Halal ……

Lactose intolerance ……

Dairy ……..

Wheat ……

Gluten ……

Nut ……

Please note any other requirements or restrictions we should be aware of:

……

……

……

……

Name of Student: …… (Please PRINT)

Name of Parent: …… (Please PRINT)

Signature …… **Date** ……

GENERAL PERMISSION FORMS

STUDENT RELEASE / PICK UP (OTHER THAN PARENTS)

We hereby authorise the below-named to pick up our child _____ from the nursery:

1 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

2 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

3 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

4 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS)

If, as a parent, I cannot be contacted please contact the person/s identified below:

1 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

2 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

3 NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

FIELD TRIP GENERAL PERMISSION

I give my child/ward permission to travel by bus on announced field trips during the academic year. I understand that additional information will be provided prior to the actual field trip and I may decide and inform the Vice Principal at that time that my child/ward will not participate. I understand that my child/ward must attend the nursery even if I do not wish him/her to participate in the field trip.

PHOTOGRAPHY RELEASE FORM

I give permission for my child to be photographed by Nursery staff members or Nursery appointed photographers during the academic year, including but not limited to class photos, individual photos and activity photos such as sports day, concerts, etc. I understand that these photos may be used for my child's Learning Journey, in monthly newsletters, on nursery display boards, on our website, on our Facebook page and for the ParentZone app. These photos may also be used for advertising and marketing purposes. Please cross this section out if you do not wish your child to be photographed.

During the second term of the academic year, group and individual photo packages will be taken by a private photographer and made available to parents for purchase. I understand that I am under no obligation to purchase those photos and I will make a decision at that time.

DECLARATION BY PARENT / GUARDIAN

The Nursery reserves the right to vary or reverse any decision regarding the student's admission or enrolment made on the basis of incomplete, untrue or inaccurate information.

I/We have read, understood and agreed to the contents of this form. All information provided is complete, true and accurate, with no false statement or misrepresentation.

Parent / Guardian Name & Signature		Date