



مدرسة السعد العالمية
A'soud Global School

DUQM

PUPIL HEALTH QUESTIONNAIRE

Recent
passport
photograph
of your child

Full Name : _____

Please complete all sections of the Medical declaration and return it to school, along with a copy of the immunisation record. It is compulsory that this form is received prior to your child commencing at AGS. The pupil medical file will be kept with the school nurse. In accordance with the AGS terms and conditions, all medical conditions must be fully disclosed at the time of application, supported by full physician and specialist reports.

The offer a school place will be rescinded if there is evidence of non-disclosure.

Student Details

Name of Child: _____

Blood Group: _____ Grade : _____ Date of Birth : DD / MM / YYYY

Nationality: _____ Gender: _____ Home phone no.: _____

Father's name: _____ Father's phone no.: _____

Mother's Name: _____ Mother's phone no.: _____

Emergency contact name: _____ Emergency contact phone no.: _____

Family Doctor name: _____ Clinic name: _____

Contact Phone no.: _____

Family History

* The information provided will be treated as confidential by all staff.

relationship to student: _____

Diabetes – Type 1: Yes No

Tuberculosis : Yes No

Other
please provide details :

Name of illness/condition

Diphtheria:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Dysentery:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Infective Hepatitis:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Asthma:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Measles:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Congenital Heart Disease:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Mumps:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Tuberculosis:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Thalassemia:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Chicken Pox:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Gastric Problems:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Muscular Spasm/Tic:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Eczema:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Molluscum Contagiosum:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Diabetes Mellitus:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Poliomyelitis:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Epilepsy / Seizures:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Rubella (German Measles):	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
G6 PD: (Glucose 6-Phosphate dehydrogenase deficiency)	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Scarlet Fever:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Glandular Fever:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Rheumatic Fever:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Whooping Cough:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Frequent Headaches / Migraine:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
ADHD:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Vision Problems / Wears glasses:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Hearing Problems / Has a hearing aid:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY
Meningitis:	Yes <input type="radio"/>	No <input type="radio"/>	Date : DD / MM / YYYY

Medical History

Any history of :	Yes/No	Date	Please provide all details
Serious accidents	Yes <input type="radio"/> No <input type="radio"/>		
Blood Transfusion	Yes <input type="radio"/> No <input type="radio"/>		
Hospitalisation	Yes <input type="radio"/> No <input type="radio"/>		
Surgical Operations	Yes <input type="radio"/> No <input type="radio"/>		
Allergies	Yes <input type="radio"/> No <input type="radio"/>		
Medication Allergies	Yes <input type="radio"/> No <input type="radio"/>		
Food Allergies	Yes <input type="radio"/> No <input type="radio"/>		
ASTHMA (If Yes) Do they use an inhaler? What is the inhaler name?	Yes <input type="radio"/> No <input type="radio"/>		
Does your child have an Epi-pen injection? If yes please provide at school	Yes <input type="radio"/> No <input type="radio"/>		
Autism	Yes <input type="radio"/> No <input type="radio"/>		
ADHD	Yes <input type="radio"/> No <input type="radio"/>		
Any disability	Yes <input type="radio"/> No <input type="radio"/>		

Medication :

Please explain any Yes responses to the above in more detail, including ongoing treatments or past treatments, and any prescribed medications taken on a regular basis, as a result. If you have any other concerns about your child, please mention them here. If you wish to speak to the school nurse regarding any chronic health issues an appointment will be made for you. In cases of children with chronic health issues an appointment will be made to meet with the school nurse to discuss and implement an individual health care plan. All information will be passed on to and shared with teaching staff involved with your child if appropriate.

Illness name & details	Details of prescribed medications

Important

Please note that the school nurse must be informed if your child commences any new medication, treatment or changes their existing medication.

I hereby declare the medical information provided is present and correct.

Parent Full Name : _____

Date : _____ Signature: _____

Parental consent to school nurse examination, administration of first aid, medication and emergency treatment

Please read all the information provided below; consent is valid for the duration of the time your child attends A'Soud Global School (AGS).

In accordance with Omani school policy, pupils in Grade 1 will visit the school nurse for a basic medical assessment. This will include the following:

- Height measurement
- Vision test
- Blood Pressure check
- General Health history
- Weight measurement
- Hearing test
- Spine Scoliosis check

PLEASE ENSURE THE SCHOOL HAS YOUR UP TO DATE CONTACT DETAILS

1. **Nurse examination** :- A child will be taken to the school nurse on any occasion where an AGS staff member is concerned about the health of a child or after an accident that has occurred on the school premises.
2. **Emergency treatment** :- In the event that your child requires emergency treatment you will be contacted and asked to collect your child from school. In the event of a serious emergency, an ambulance will be called immediately. A member of staff will accompany your child to hospital. Efforts to contact you will continue.
3. **Administration of medication** :- Please circle the medications (below) to consent to administration by the school nurse in the event of illness or injury. You will be contacted prior to administration of these medications if possible, or a note will be sent home via the class teacher depending on the severity of the issue. In the event that your child requires first aid medication, please circle yes / no below, to the medications that can be administered by the school nurse when necessary.

Pupil's full name : _____

Medication	Reason for administration	Yes	No
Paracetamol	Headache, fever and body-ache.	<input type="radio"/>	<input type="radio"/>
Normal saline spray	To clear blocked nose	<input type="radio"/>	<input type="radio"/>
Ibuprofen	Muscular skeletal pain	<input type="radio"/>	<input type="radio"/>

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Normal saline spray	To clear blocked nose	<input type="radio"/>	<input type="radio"/>
Ibuprofen	Muscular skeletal pain	<input type="radio"/>	<input type="radio"/>
Sinecod syrup	Dry Cough	<input type="radio"/>	<input type="radio"/>
Hederalix syrup	Chesty cough	<input type="radio"/>	<input type="radio"/>
Buscopan 10mg	Gastric/Abdominal cramps	<input type="radio"/>	<input type="radio"/>
Fenistil gel	Insect bites and itching	<input type="radio"/>	<input type="radio"/>
Histop / Aerius	Allergic reactions	<input type="radio"/>	<input type="radio"/>
Bonjela / Dentinox (Under 16)	Tooth ache/mouth ulcer	<input type="radio"/>	<input type="radio"/>
Strepsil / Orofar spray	Sore throat	<input type="radio"/>	<input type="radio"/>
Bactroban cream	Bacterial skin infection	<input type="radio"/>	<input type="radio"/>
Hydrocortisone cream	Skin conditions	<input type="radio"/>	<input type="radio"/>
Domperidone	Dizziness/Travel sickness	<input type="radio"/>	<input type="radio"/>
Ventolin inhaler	Sudden Asthma attack	<input type="radio"/>	<input type="radio"/>
Rennies	Gastric Reflux	<input type="radio"/>	<input type="radio"/>
Adrenaline injection 0.3mg	Anaphylaxis (life-saving treatment)	<input type="radio"/>	<input type="radio"/>
Optrex	Eye wash	<input type="radio"/>	<input type="radio"/>
Flamazine ointment / Mebo cream	Burn	<input type="radio"/>	<input type="radio"/>
Deep freeze / Heat gel	Muscle aches	<input type="radio"/>	<input type="radio"/>
Oral Rehydration Salts	Dehydration & Heat Stress	<input type="radio"/>	<input type="radio"/>
Salbutamol nebulizer	Severe Asthma attack	<input type="radio"/>	<input type="radio"/>
Canestan cream	Anti-fungal	<input type="radio"/>	<input type="radio"/>
E45 cream	Dry Skin conditions	<input type="radio"/>	<input type="radio"/>

Medication	Reason for administration	Yes/No
Sudocrem	Barrier/Skin healing cream	Yes <input type="radio"/> No <input type="radio"/>
Zovirax cream	Cold sore	Yes <input type="radio"/> No <input type="radio"/>
Vaseline	Dry lips	Yes <input type="radio"/> No <input type="radio"/>
Antiseptic spray	Small grazes	Yes <input type="radio"/> No <input type="radio"/>

Sun Lotion:

All pupils should bring sunscreen lotion to school to be used before certain outdoor activities such as sport or day trips. For younger pupils in KG1 to Grade 2, this will be applied by the teaching staff and assistants. The lotion must be named and can be stored at school or kept in the school bag. We will assume you consent with staff helping the children in this way unless we have an email from you opting out of this process.

Pupil's full name : _____

No.	Consent	Yes/No
1.	I consent to my child having the basic medical assessment by the school nurse.	Yes <input type="radio"/> No <input type="radio"/>
2.	I consent to my child having a medical examination at school by the school nurse when required due to injury or illness.	Yes <input type="radio"/> No <input type="radio"/>
3.	I consent to my child being taken to a hospital in the event of a medical emergency.	Yes <input type="radio"/> No <input type="radio"/>
4.	I consent to the above selected medications being administered to my child in the event that my child requires first aid medication.	Yes <input type="radio"/> No <input type="radio"/>

Parent Full Name : _____

Date : _____ Signature: _____

Infection Control Policy:

Our aim is to keep our pupils fit and healthy throughout the school year. The school will inform parents of any infection issues that may arise and affect the health of AGS students. In partnership with parents we would like you to be aware and follow policy, to try and minimise the risk to the children.

When to keep your child at home

In order to minimise the spread of infections in school, the following regulations apply:

- 1. DO NOT** send your child to school if they have a fever above 37.5 degrees C. The child must be fever free for at least 24 hours without the aid of medication. Please do not give medication and send them to school.
- 2. DO NOT** send your child to school if they have:
 - Vomiting (not to return to school for 24-48 hours after the last vomiting episode). This is to prevent spread of the virus in school.
 - Diarrhoea (not to return to school for 24-48 hours after the last episode of diarrhoea). This is to prevent spread of the virus in school.
 - A heavy green nasal discharge.
 - A skin rash. Please check with the doctor.
 - Red or painful eyes. Especially if there is any sign of infection – yellow discharge.
 - Fever in the last 24 hours.
- 3. If** your child has an infected wound it must be covered by a well-sealed dressing or plaster.
- 4. If** your child is assessed by the school nurse and thought to be a possible source of infection to other students and staff, you will be contacted to take them out of school immediately.
- 5. Head lice** remains a constant problem for schools. Control of head lice depends on prompt diagnosis and effective treatment. Your help in inspecting your child weekly throughout the school year for the presence of head lice would be greatly appreciated. Please apply conditioner to your child's wet hair on a weekly basis and then use a nit comb to check for lice or eggs. This is the only effective way to check for an infestation unless lice can be clearly seen. Simple water will not be effective as the lice can still cling to the hair. If the school suspects a child has a head lice infection the parents will be contacted to come to school to collect the child in order to receive the treatment as soon as possible. If you suspect your child is infested with head lice please notify the school nurse, who will advise you. In addition, please ensure that the entire family is inspected.

Parent Full Name : _____

Date : _____ Signature: _____

* I have read and understand the above infection control policy.