مدرسة كامبردج الثانوية
THE CAMBRIDGE HIGH SCHOOL, ABU DHABI

MEDICAL INFORMATION FORM 2021-2022

Attach passport sized photo here

PART 1: PARENT OR GUARDIAN TO COMPLETE		
Name of Student:		
Gender: □ M □ F	DOB:	Year:
Home Phone:	Father's phone:	Mother's phone:
My child has a medical condition that may affect his or her school day (please tick) □ YES □ NO		
Parent / Guardian name _____ Parent / Guardian signature		Date:

PART 2: Complete ALL boxes that apply to your child. The parent/guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school clinic to obtain correct medication and procedural forms

□ **ALLERGIES (complete Epi Pen authorisation form if needed)**

Allergy Type:

□ Food List Food(s)_____

□ Medication List Medicine(s)_____

□ Bee sting

□ Other List _____

REACTIONS

□ Coughing □ Hives □ Rash

□ Difficulty breathing □ Local swelling □ Wheezing

□ Generalised swelling □ Nausea □ Other _____

Currently prescribed treatments to be used IN SCHOOL

□ Oral antihistamine □ Epi Pen □ Other _____

□ **ASTHMA (complete Inhaler authorisation form if needed)**
Triggers:
□ Exercise □ Environmental □ Other (list): _____

Physical Education Restrictions
□ None □ Self limits □ Other (list)_____
Symptoms or reactions
□ Coughing □ Hoarseness □ Throat itch, tightness, soreness
□ Difficulty breathing □ Wheezing □ Chest tightness, discomfort or pain
□ Other _____
Currently prescribed treatments to be used IN SCHOOL
□ Inhalers □ Oral antihistamine □ Oral steroids □ Nebulizer □ Peak flow monitoring
Date of last hospitalisation related to asthma:_____

□ **DIABETES**
Currently prescribed treatments to be used IN SCHOOL
□ Insulin □ Syringe □ Pen □ Pump □ Blood sugar testing □ Glucagon
□ Oral medication List medication _____

Is special scheduling of lunch or Physical education required? □ Yes □ No
Physical Education Restrictions
□ None □ Self limits □ Other (list)_____

□ **DIABETES**

Currently prescribed treatments to be used IN SCHOOL
□ Insulin □ Syringe □ Pen □ Pump □ Blood sugar testing □ Glucagon
□ Oral medication List medication _____

Is special scheduling of lunch or Physical education required? □ Yes □ No
Physical Education Restrictions
□ None □ Self limits □ Other (list)_____

□ **VISION CONDITIONS**
□ Glasses □ Contact Lenses

□ **HEARING CONDITIONS**
□ Hearing Aid
□ Other_____

PART 3: Complete the boxes below in relation to vaccinations and other illnesses

VACCINE	YES	NO
BCG		
DPT		
MMR		
HEPATITIS B		
CHICKEN POX		
POLIO		
OTHERS (IF ANY)		

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THE CAMBRIDGE HIGH SCHOOL, ABU DHABI

MEDICAL CONDITION	YES	NO
MEASLES		
MUMPS		
RUBELLA		
HEPATITIS B		
CHICKEN POX		
POLIO		

Please provide the following copies of information along with this form;

1. **Copy of Medical Insurance card**
2. **Copy of Emirates ID**
3. **Copy of vaccination card**
4. **A history of any prescribed medicine**

CONSENT TO ADMINISTER MEDICATION IN THE SCHOOL CLINIC

I authorize that my child;

Name: _____

Date of Birth: _____

Year: _____

Be given the appropriate non-prescribed medication in the following emergency cases

1. Administration of Paracetamol to control mild to moderate pain or fever
2. Administration of oral glucose for hypoglycemia
3. Administration of Salbutamol Inhaler to control asthmatic symptoms in emergency case
4. Other, please specify: _____

Any precautions that the school personnel need to know?	Any contraindications that school personnel need to know?
Please tick the appropriate boxes below: ☐ I authorize designated school personnel to administer the above medication. ☐ The above medication can only be administered by a Registered School Nurse	

I agree to hold the school and its employee harmless from any and all liability for the results of taking the medication or the manner in which the medication is given.

I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

PARENT/GUARDIAN (Full Name): _____

PARENT/GUARDIAN (Signature): _____