New Dubai Nursery
Early Learning Centre
حضانة دبي الجديدة
مركز تعليم مبكر
Email: ndn@eim.ae Website: www.eyeig.ae

Health Declaration Form

Name of Child: _____ Admission No:_____

Date of Birth: _____Nationality: _____ Mother Tongue:_____

Kindly tick (√) the one relevant to your Child

Drug allergies? Yes / No If yes, please specify_____

Is your child currently undergoing treatment for any medical condition? Yes / No

If yes, please specify_____

Does your child wear glasses? Yes / No

Does your child wear a hearing aid? Yes / No

Does your child have any history of the following chronic ailments:-

Hearing loss _____If yes, please explain _____

Visual difficulties_____ If yes, please explain _____

Any other medical information? _____

Doctor's Name:

(in case of an emergency) _____

Address:_____

Doctor's Phone Numbers: _____

Name of Guardian (ONLY COMPLETE if not a parent)_____

Phone Numbers _____

Do you have medical Insurance?_____ If yes, kindly list the details

Emergency contact numbers

Name:_____ Mobile Number:_____

Name:_____ Mobile Number:_____

Parent Name: _____ Signature: _____

Date: _____

Parental Consent Form

CONSENT FOR THE ADMINISTRATION OF MEDICINES

In the event that your child develops a fever or has pain it may be necessary to administer Paracetamol. If your child is unable to take this medication, please contact the School Nurse to discuss the use of an alternative.

I consent to my child being given Paracetamol, should it be necessary, by the Centre Nurse. Yes/No	

CONSENT FOR MEDICAL EXAM

A Medical Examination will be conducted on the child once he/she starts attending the ELC. This will be done by the visiting doctor in the presence of our resident nurse. A report of the same will be prepared and maintained and the parent will be handed the report when the chid leaves the centre. We would also like to reassure parents that the safety and wellbeing of the children are of prime importance to us and they are supervised at all times during the examination by the doctor.

I consent to my child having a medical examination at the Early Learning Centre Yes/No	

CONSENT FOR EMERGENCY TREATMENT

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the Centre. If the Centre is unable to contact you, your child will be taken to a Doctor / Hospital for diagnosis and treatment. In the event of a serious emergency, an ambulance will be called immediately. Efforts to contact you will continue.

I understand that my child will be taken to a Doctor/Hospital in the event of a medical emergency. Yes/No	

Name of Parent / Guardian	
Signature of Parent /Guardian	
Contact Number	

ILLNESS

Illness(infectious disease)	Yes/No	If Yes please give dates and details
Chicken Pox	Yes / No	
Diphtheria	Yes / No	
Dysentery	Yes / No	
Infective hepatitis	Yes / No	
Measles	Yes / No	
Mumps	Yes / No	
Poliomyelitis	Yes / No	
Rubella	Yes / No	
Scarlet fever	Yes / No	
Tuberculosis	Yes / No	
Whooping cough	Yes / No	
Any other besides all of these	Yes / No	Specify details
Has your child suffered from any of the following?		
Bronchial Asthma	Yes / No	
Chest complaints e.g. Pneumonia, tuberculosis	Yes / No	
Hay Fever/Rheumatic fever	Yes / No	
Heart problems	Yes / No	
Headaches	Yes / No	
Fits/ convulsions/ Epilepsy	Yes / No	
Diabetes Mellitus	Yes / No	
Urinary tract infections	Yes / No	
Constipation/bowel problems	Yes / No	

Bone or joint problems	Yes / No	
Eczema or other skin problems	Yes / No	
Food allergies **(not 'dislikes')**	Yes / No	**Please liaise with the Setting Staff prior to your child starting**
Food intolerances **(not 'dislikes')**	Yes / No	**Please liaise with the Setting Staff prior to your child starting**
Accidents	Yes / No	
Allergic from dust, pollen etc.	Yes / No	
G6PD (glucose 6- phosphate dehydrogenase deficiency)	Yes / No	
Surgical Operation	Yes / No	
Thalasaemia	Yes / No	
Blood Transfusion	Yes / No	
Hospitalization	**Yes / No**	**Date: Reason:**
Family history • Diabetes • Hypertension • Mental disorder • Stroke • Tuberculosis Other specific.	Yes / No	

Parent Name: _____Signature: _____

Date: _____