

LITTLE DIAMOND NURSERY

CLINIC BOX





Medical Form

Child’s Information

First Name: _____ Family Name: _____

Birth Date: Day _____ Month _____ Year _____

Has your child received the following vaccinations?
(Please circle the correspondent answer)

- | | | | |
|--|------------|---------------------------------------|------------|
| BCG | Yes ___ No | DPT/Polio (3-4years) | Yes ___ No |
| Diphtheria, Pertussis, Tetanus (DPT) | Yes ___ No | *MMR (12mons& 3-4years) | Yes ___ No |
| *Meningococcus (3,4,12 mos.) | Yes ___ No | *Varicella (12mons&4-6years) | Yes ___ No |
| *Haemophilus Influenz (HIB)
(12 mons) | Yes ___ No | *Hepatitis A
(12-24 mos. /2 doses) | Yes ___ No |
| *Pneumococcal (2,4,12 mons) | Yes ___ No | Polio/ Hib (2,3,4 mos.) | Yes ___ No |

Has your child had any of the following illnesses or suffer from any of these conditions?

(Please circle the correspondent answer)

- | | | | |
|-----------------|------------|-------------------------------|------------|
| Chicken Pox | Yes ___ No | Frequent Colds/Sinusitis/H1N1 | Yes ___ No |
| Whooping Cough | Yes ___ No | Fainting | Yes ___ No |
| Measles | Yes ___ No | Asthma | Yes ___ No |
| Fever (any) | Yes ___ No | Epilepsy | Yes ___ No |
| Primary Complex | Yes ___ No | Diabetes | Yes ___ No |
| Pneumonia | Yes ___ No | Heart Trouble | Yes ___ No |
| Poliomyelitis | Yes ___ No | Tonsillitis | Yes ___ No |
| Serious Injury | Yes ___ No | Covid19 | Yes ___ No |

Others (Specify) _____

Operations (Specify)



Does your child have any vision/hearing impairment or learning difficulty? Give details if YES

Is there any physical activity your child is restricted to have? Give details if YES

Please provide documents regarding the above.

I, legal parent/guardian, attest that the information above is true and correct and my child's immunization record book is on file with Little Diamond Nursery.

Parent/Guardian Name:.....

Signature:.....

Relationship:.....

Date:.....



MEDICAL HISTORY & PERMISSIONS

Blood Group: _____
Person to Contact: _____ Phone: _____
Child's Regular Doctor: _____ Phone: _____
Hospital Regularly Used: _____ Phone: _____

Is your child susceptible to any of the following?

- Asthma
- Rash
- Chills
- Fever
- Convulsions
- Headache
- Nose Bleeds
- Ear Infections
- Colds
- Throat Infections

Others (Please Specify) _____

Does your child have any of the following?

- Food Allergy
- Drug Allergy
- Other Allergy
- Physical Defects Health Problems that require special attentions
- Dietary Restrictions
- Visual Problems
- Aural Problems

Any Other Relevant Information: _____

In the event of an emergency or accident, I authorize Little Diamond Nursery to take my child to the nearest Hospital/Clinic for emergency medical treatment. The nursery will make every attempt to contact my emergency contact person or me.

Parent/Legal Guardian: _____ Date: _____

Non-Prescription Medication consent:

I hereby authorize Little Diamond Nursery, my child's Childcare Provider, to use the **Calpol, Paracetamol and First Aid Ointment** on my child according to manufacturer or physician's written instructions. I will not hold the above name provider liable for any allergic reactions or other symptoms when the medication/products are used in accordance with these terms.

Signature:

Printed Name:

Date:



Medical Consent

The Little Diamond Nursery is committed to providing a safe and healthy environment for your child while at the nursery. The doctor will visit the nursery every term. A trained nurse is on site each day.

Always feel free to discuss your child’s health needs with our medical team by making an appointment at the reception or talking to the nurse or the manager of the nursery. Please note that children who fall sick at the nursery cannot remain in the facility. Therefore, you will be contacted and asked to pick your child up as soon as you can - preferably within one hour.

First aid will be given to your child at the nursery in case of an accident. The nursery nurse will assess the child and you will be contacted immediately regardless of the seriousness, just so that you are aware. If we cannot contact you, the nursery medical assistance will be sought to ensure the well being of your child.

Medicine:

Ideally, unessential medicine should not be brought into the nursery. If your child does require regular medication during the day, you must complete and sign an authorization form before the school nurse can give it.

Any medicine must be handed directly to the nurse only and must not be put in the child’s bag.

Signature:

Printed Name:

Date:



CONSENT FOR MEDICAL EXAMINATION

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

Dubai Health Authority (DHA) requires medical examinations of students in nurseries.

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,

- I Consent
- I do not consent (please tick as appropriate)

For my child to be examined by the Nursery Doctor.

Signature

Printed name.....

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:

Name of Parent: [SEP]

Signature

Date



Little Diamond Nursery CONTROL POLICY

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

Please **do not** send your child to the nursery if they have:

- A fever (a temperature of 100 Degrees Fahrenheit/ 37.8 Celsius or higher).
- Children may return to nursery if they are free from fever for 24 hours without using fever reducing medicine such as Calpol, Adol, Advil, Ibuprofen etc.
- A skin rash.
- Vomiting (not to return to nursery for 24 hours after the last vomiting episode).
- Diarrhea (not to return to nursery for 24 hours after the last diarrhea episode).
- A persistent cough.
- A heavy/coloured 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 (Contagious eye infection/pink eye (CONJUNCTIVITIS) a thick mucus or pus draining from eye.

If they have an infected sore or wound, a well-sealed dressing or plaster must cover it.

If your child is assessed by the doctor and/or nurse, and deemed to be a possible source of infection to other children, 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:

Signature

Date