



DOHA ENGLISH SPEAKING SCHOOL

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Pupil Health Record

Are your child's immunisations up to date? Yes No

Please attach a copy of your child's immunisation record with this form.

Family Name:		First Name:		Date of Birth:	
Tel (home):		Tel (Father's Mobile):		Tel (Mother's Mobile):	
Tel (Emergency Contact):	Name:		Tel:		

PLEASE COMPLETE THE FOLLOWING HISTORY:

Does your child have any of the following medical conditions?

- Asthma: Anaphylaxis: Diabetes: Eczema: Epilepsy: Epistaxis:
 Heart Condition: Hearing Difficulty: Learning Difficulty: Speech Difficulty:

If you have ticked any of the boxes above, please provide further information on this condition, for example medication etc.

Does your child have any **allergies** (e.g. food, medicine, insect bites)? Please state:

What type of reaction occurs? (Rash, swelling, breathing problems etc.) Please state:

Does your child require an **EIPEN** for their allergy? YES No

Has your child ever had an infectious disease e.g. chicken pox? If so please state:

Has your child ever had an operation? If so, please state:

Is your child on any regular medication? If so, please state:

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If your child has **Asthma** has he/she ever been admitted to hospital for a severe episode? Please state:

Is there anything the school should know regarding your child's health that is not mentioned on this form? If so, please state:

Please provide consent for the following basic medications to be administered when your child is feeling unwell:

- Paracetamol Ibuprofen Antihistamine Throat Lozengers
Topical Cream Eye wash Ventolin Inhaler

Please indicate whether you wish to be called BEFORE we administer medication to your child:

- YES I wish to be called No I do not need to be called

If your child is to be administered a prescribed medication during school hours, **it will only be given with an accompanying letter from a Parent/Guardian or Doctor**. Please inform the School Nurse if your child is taking any regular medications at home.

Parental Consent

I agree to take my child to his/her doctor or health clinic for a medical examination/test, whenever such an examination, in the opinion of the Head teacher/Board of Governors, is considered to be necessary for the general interests of health and hygiene. I will provide a certificate signed by a qualified practitioner.

In case of an accident or other emergency illness where I cannot be contacted as set in the school procedure, I agree to the school taking appropriate action by contacting the emergency services or escorting my child to hospital. I consent to my child being administered necessary medication if I cannot be reached or in the event of an emergency.

Parent/Guardian's Name:

Date:

