



## July 2020 Pupil Health Questionnaire

Please attach a  
recent passport  
photograph

Child's Full Name:

---

**Engage. Inspire. Innovate. Educate.**

PHQ\_Rev\_2020/21\_07/v1.0

## AGS REGISTRATIONS

### Pupil Health Questionnaire

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The offer a school place will be rescinded if there is evidence of non-disclosure. The information provided will be treated as confidential by all staff.

<b>Name of Child</b>	
<b>Grade</b>	
<b>Date of Birth</b>	
<b>Nationality</b>	
<b>Gender</b>	
<b>Home phone no.</b>	
<b>Father's name</b>	
<b>Father's phone no.</b>	
<b>Mother's Name</b>	
<b>Mother's phone no.</b>	
<b>Emergency contact name</b>	
<b>Emergency contact phone no.</b>	
<b>Family Doctor name</b>	
<b>Clinic name</b>	
<b>Contact Phone no.</b>	

**Family History: Please circle Yes or No (Please specify relationship to student)**

<b>Diabetes – Type 1</b>	Yes / No
<b>Tuberculosis</b>	Yes / No
<b>Other – please provide details</b>	

Has your child suffered from any of the following? If yes, please provide an approximate date of when the illness was diagnosed if possible.

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



Any history of:		Date	Please provide all details
Serious accidents	Yes / No		
Blood Transfusion	Yes / No		
Hospitalisation	Yes / No		
Surgical Operations	Yes / No		
Allergies	Yes / No		
Medication Allergies	Yes / No		
<b>FOOD ALLERGIES</b>	Yes / No		
<b>ASTHMA</b> – if yes – do they use an inhaler? What is the inhaler name?	Yes / No		
Does your child have an Epi-pen injection? If yes please provide at school	Yes / No		
Autism	Yes / No		
ADHD	Yes / No		
Any disability	Yes / No		

## 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 and 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.**

Date:
Parent Full Name:
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
- Weight measurement
- Vision test
- Hearing test
- Blood Pressure check
- Spine Scoliosis check
- General Health history

**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 Full Name:		
Medication	Reason for administration	
Paracetamol	Headache, fever and body-ache.	Yes / No
Normal Saline Spray	To clear blocked nose	Yes / No
Ibuprofen	Muscular skeletal pain	Yes / No
Sinecod syrup	Dry Cough	Yes / No
Hedralix syrup	Chesty cough	Yes / No
Buscopan 10mg	Gastric/Abdominal cramps	Yes / No
Fenistil gel	Insect bites and itching	Yes / No
Histop / Aeries	Allergic reactions	Yes / No
Bonjela / Dentinox (under 16)	Tooth ache/mouth ulcer	Yes / No
Strepsil / Orofar spray	Sore throat	Yes / No
Bactroban cream	Bacterial skin infection	Yes / No
Hydrocortisone cream	Skin conditions	Yes / No
Domperidone	Dizziness / Travel sickness	Yes / No
Ventolin inhaler	Sudden Asthma attack	Yes / No
Rennies	Gastric Reflux	Yes / No
Adrenaline injection 0.3mg	Anaphylaxis (life-saving treatment)	Yes / No
Optrex	Eye wash	Yes / No
Flamazine ointment/Mebo cream	Burn	Yes / No
Deep Freeze/Heat Gel	Muscle aches	Yes / No
Oral Rehydration Salts	Dehydration & Heat Stress	Yes / No
Salbutamol nebulizer	Severe Asthma attack	Yes / No
Canestan cream	Anti-fungal	Yes / No
E45 cream	Dry Skin conditions	Yes / No
Sudocrem	Barrier/Skin healing cream	Yes / No
Zovirax cream	Cold sore	Yes / No
Vaseline	Dry lips	Yes / No
Antiseptic spray	Small grazes	Yes / No

## 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.

<b>Pupil's Full Name:</b>	
1. I consent to my child having the basic medical assessment by the school nurse.	Yes / No
2. I consent to my child having a medical examination at school by the school nurse when required due to injury or illness.	Yes / No
3. I consent to my child being taken to a hospital in the event of a medical emergency.	Yes / No
4. I consent to the above selected medications being administered to my child in the event that my child requires first aid medication.	Yes / No
Date:	
Parent full name:	
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.

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

Date:
Parent Full Name:
Signature: