Naseem International School
"STUDENTS FIRST"
Kingdom of Bahrain

مدرسة النسيم الدولية
" الطلبة أولاً "
مملكة البحرين

السجل الطبي للطالب
Student's Medical Record

Dear Parents,

In order for the school to ensure the protection, safety and well-being of each student, kindly provide a detailed and accurate medical history of your child.

أولياء الأمور الكرام،

من أجل ضمان صحة وسلامة أبنائنا الطلبة يرجى منكم ملء البيانات بكل دقة وتفصيل.

NOTE: THE INFORMATION BELOW IS OF GREAT IMPORTANCE TO US AND YOUR CHILD'S WELL-BEING. KINDLY COMPLETE AND RETURN THE FORM.

ملاحظة: المعلومات أدناه هي ذات أهمية كبيرة بالنسبة لنا ولرفاهية طفلك، لذا يرجى ملء وإعادة النموذج.

Student's Name				CPR/ID	
Gender		Nationality		Date Of Birth	Day / Month / Year
Father's Name				CPR/ID	
Mobile No.			Email		
Mother's Name				CPR/ID	
Mobile No.			Email		
Emergency Contact name				CPR/ID	
Mobile No.			Email		
Blood Type					
Sports Restrictions					

If any of the health issues has not been disclosed, ***the school will not be held liable****.*

Medication Consent Form

Please sign the following consent form:

I hereby, give permission to the School Nurse to administer, when necessary, the following medication and dosage in accordance to age level:

Paracetamol tablet and syrup	For Anti-Inflammatory medication (syrup and tablet)
Hyocine Butyle Bromide (Buscopan 10 mg) / Margadoosh	For abdominal pain
Calamine lotion	Antihistamine lotion
Optrex Multi action eye wash	For irritated and uncomfortable eyes
Povidone Iodine Solution	Wound cleaning
Panthenol Cream - Fucidin cream	Antiseptic cream

- ***This medication is approved by National Health Regulatory Authority (NHRA Bahrain)***

In case of any medical emergency, I understand that the school will make every effort to contact me, my spouse or the emergency contact person. However, if the school is unable to contact us, I hereby, authorize the school to take the necessary emergency action.

في حال وجود أية حالة طبية أدرك بأنّ المدرسة سوف تقوم بعمل اللازم والاتصال بأولياء أمور الطالب أو الاتصال بالشخص المذكور في الحالة الطارئة وفي حال لم تتمكن المدرسة من الاتصال بالمعنيين، فإننا نفوض المدرسة اتّخاذ الإجراءات اللازمة.

Parent's Name		Date		Signature	

Additional information:

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CHILD'S HISTORY OF ILLNESS

Please tick appropriately if yes, specify Month/Year of illness:

Student's Name		CPR/ID	

		YES			NO		
ADHD	YES		نعم	لا		NO	اضطراب فرط الحركة وتشتت الانتباه
Allergic rhinitis	YES		نعم	لا		NO	حساسية موسمية
Anemia / Other blood diseases	YES		نعم	لا		NO	فقر الدم / أمراض دم أخرى
Atopic Eczema	YES		نعم	لا		NO	أكزيما
Being on the Autism Spectrum	YES		نعم	لا		NO	طيف التوحد
Blood Transfusion	YES		نعم	لا		NO	نقل الدم
Bronchial /Allergic/Seasonal Asthma	YES		نعم	لا		NO	ربو شعبي / تحسسي / موسمي
Chicken Pox	YES		نعم	لا		NO	الجدري
Congenital Heart diseases / Heart arrhythmias	YES		نعم	لا		NO	عدم انتظام ضربات القلب/مرض قلبي خلقي
Diabetes	YES		نعم	لا		NO	سكري
Dyslexia	YES		نعم	لا		NO	عسر القراءة
Epilepsy	YES		نعم	لا		NO	صرع
Eye disorder	YES		نعم	لا		NO	اضطراب العين
Febrile convulsions/ Seizures	YES		نعم	لا		NO	التشنجات الحموية
Fractured bones	YES		نعم	لا		NO	أمراض المفاصل / العظام
G6PD (Glucose6-Phosphate Dehydrogenase Deficiency)	YES		نعم	لا		NO	تكسّر الدم الفولي
H1N1 / Swine Flu	YES		نعم	لا		NO	إنفلونزا الخنازير
Hearing disorders / problems	YES		نعم	لا		NO	اضطرابات السمع
Hernia	YES		نعم	لا		NO	الفتاق
Hospitalization	YES		نعم	لا		NO	العلاج في المستشفيات
Liver or kidney diseases	YES		نعم	لا		NO	مرض الكبد
Measles	YES		نعم	لا		NO	الحصبة
Migraine Headaches	YES		نعم	لا		NO	صداع نصفي (الشقيقة)
Mumps	YES		نعم	لا		NO	نكاف
Nose Bleeding	YES		نعم	لا		NO	نزيف الأنف المتكرر
Oral – Maxillary disorders / problems	YES		نعم	لا		NO	مشاكل في الفم / الفكين
Other Skin diseases / problems	YES		نعم	لا		NO	أمراض جلدية أخرى
Recurrent attacks of acute tonsillitis	YES		نعم	لا		NO	التهابات متكررة في اللوزتين
Rheumatic Fever	YES		نعم	لا		NO	الحمى الروماتيزمية
Rubella	YES		نعم	لا		NO	الحصبة الألمانية
Scarlet Fever	YES		نعم	لا		NO	الحمى القرمزية
Selective Mutism	YES		نعم	لا		NO	السكوت الانتقائي
Sensory Sensitivity(Sight, Sound, Taste, Smell, Touch and Pain)	YES		نعم	لا		NO	الحساسية
Sickle Cell Disease	YES		نعم	لا		NO	مرض فقر الدم المنجلي (السكلر)
Sinusitis	YES		نعم	لا		NO	جيوب أنفية
Speech disorders / problems	YES		نعم	لا		NO	مشاكل النطق و الكلام

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FAMILY HISTORY:

Hypertension	YES		نعم	لا		NO الضغط
Diabetes	YES		نعم	لا		NO السكري
Tuberculosis / Pneumonia	YES		نعم	لا		NO مرض السل/الالتهاب الرئوي
Stroke	YES		نعم	لا		NO جلطة

Has your child undergone any kind of surgery? If “Yes” please provide details.	هل كان لدى طفلك أي عمليات جراحية؟ إذا كانت الإجابة نعم، يرجى سرد التفاصيل.
Does your child suffer from any eyesight problems or wear eye glasses or contact lenses?	هل يعاني طفلك من أي مشاكل بالنظر أو يرتدي نظارات أو عدسات لاصقة؟
Does your child receive regular medication for any specific /chronic illness such as diabetes etc.? If “Yes”, please explain in detail and provide a full medical report signed by the treating doctor.	هل يتناول طفلك أي علاج خاص بمرض مزمن كالسكري؟ إذا كانت الإجابة بنعم، فيرجى تسليم نموذج طبي من قبل الطبيب المختص مع ذكر التفاصيل.
Does your child suffer from any allergies? If “Yes”, please provide us with the detailed information.	هل يعاني طفلك من أي حساسية؟ إذا كانت الإجابة نعم، يرجى ذكر معلومات تفصيلية.

Information page

Roles and Responsibilities

The school is committed to working in partnership with parents/guardians, health professionals and other agencies to provide a supportive environment for students with medical needs.

Parents and Those with Parental Responsibility

1. Parents should keep their children at home if they are acutely unwell or suffer of an infectious condition/disease.
2. Parents are responsible for providing the school with comprehensive information regarding the student’s medical condition and needs for administering any medication.
3. Prescribed medication will not be accepted in school without complete written and signed instructions from a parent.
4. Staff / the School Nurse will not give a non-prescribed medicine to any child unless there is a specific request and prior written permission from a parent.
5. Only reasonable quantities of medication should be supplied to the school (e.g. a maximum of four weeks’ supply at any one time).

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6. Each item of medication must be delivered to the School Nurse, in normal circumstances by the parent, in a secure and labeled container as originally dispensed. Each container must be clearly labeled with the following information:
    - Student's name
    - Homeroom class
    - Name of medication
    - Dosage
    - Frequency of administration
    - Date of dispensing
    - Storage requirements (if important)
    - Expiry date
7. It is the responsibility of parents to notify the School Nurse in writing if the student's need for medication has changed or ceased.
8. It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
9. It is the parents' responsibility to ensure that the school is aware of required procedures to be followed in the event of an emergency situation with their child.
10. The school nurse will not dispose of medicines. Medicines, which are still in use and in date, should be collected by the parents at the end of each academic year.

The School

1. Medication will be kept in a secure place, out of reach of students. Unless otherwise indicated, all medication to be administered in school, will be kept in a locked cupboard or refrigerator in the Nurse's room/clinic
2. The School Nurse will keep a record and file a Medication Administered to an Individual Child Form, which she will have available for parents.
3. If students refuse to take medication, the nurse will inform the parents of the refusal as a matter of urgency. If a refusal to take medication results in an emergency, the school's emergency procedures will be followed.
4. For each student with long-term or complex medication needs, the School Nurse will ensure that a Medication Plan is drawn up, in conjunction/ consultation with the appropriate health professionals.
5. The School Nurse will monitor the expiry dates of medication and inform parents when medicines are running low or when medication need to be replaced.
6. The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. In the event that proper supervision cannot be guaranteed, it may result in the student being excluded from the school trip.
7. The school staff would be made aware of the procedures to be followed in the event of an emergency.

In the event of parents'/guardians' failure to provide accurate medical information or disclosure of health issues, which may result in a medical emergency, ***the school will not be held liable.***

I, promise to disclose all information with accuracy, honesty, and that no information regarding my child has been withheld.

أتعهد بتوفير جميع المعلومات بدقة وأمانة، وعدم حجب أي معلومات بخصوص طفلي

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Immunizations

Recommended Immunization Schedule for the Expanded Program on Immunization, Bahrain

Children			
AGE	**VACCINE**	**Yes**	**No**
At birth	BCG for newborns born to parents originally from endemic countries Hepatitis B for newborns		
2 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent), Pneumococcal Conjugate (PCV), Rota vaccine (oral)		
4 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent), Polio Vaccine (Oral Polio Vaccine), Pneumococcal Conjugate (PCV), Rota vaccine (oral)		
6 months	DPT, Hepatitis B, Hib (Pentavalent), OPV (Oral Polio Vaccine)		
12 months	MMR (Measles, Mumps, Rubella), Varicella		
15 months	Pneumococcal Conjugate (PCV), Hepatitis A		
18 months	MMR (Measles, Mumps, Rubella), DPT, Hib (tetravalent) or Pentavalent according to availability, OPV (Oral Polio Vaccine)		
2 years	Meningococcal Conjugate (ACYW), Hepatitis A		
3 years	Varicella		
4-5 years	DTaP-IPV (Diphtheria, Tetanus, Pertussis, Inactivated Polio), OPV (Oral Polio Vaccine), MMR (Measles, Mumps, Rubella) if no document of 2 valid doses of MMR vaccination previously.		
13 years	Tdap (Tetanus, Diphtheria, Pertussis)		