

**AJIS Medical Consent Form**

**PLEASE NOTE THAT THE FOLLOWING CONSENTS ARE VALID FOR THE DURATION OF TIME THAT THE STUDENT SPEND at AJIS, UNLESS PARENT INFORM THE SCHOOL OTHERWISE IN WRITING.**

As the parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year/ Section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give my consent on the following:**

1. **EMERGENCY CONSENT.**

Should the student require prompt emergency treatment (broken bone, concussion) you will be contacted and asked to collect your child from school and to take him to the hospital. In the event of a serious emergency (difficulty breathing/unconscious), an ambulance will be called immediately. You will be contacted and advised to go to the hospital. Please note the nearest one is Bareen Hospital MBZ.

I CONSENT to my child receiving EMERGENCY MEDICAL care as outlined by the school at the time. I agree to incur any cost related to medical services used.

I DO NOT CONSENT to my child receiving emergency medical care as outlined by the school at the time. I agree to incur any cost related to medical services used.

1. **ADMINISTRATION OF PAINKILLER (Ex: ADOL) AND FIRST AID**

* In the event of a child developing discomfort from dental, muscular or mild cold symptoms or fever, the nurse after assessment may administer age appropriate dose of PAINKILLER.
* In the event of a minor injury e.g. graze, bruise etc., the nurse may administer first aid treatments including topical applications of ANTISEPTIC/ANTIHISTAMINE PRODUCTS.

All students who receive medication will be monitored and a letter will be sent home to this effect.

I CONSENT to my child being given PAINKILLER (Ex: ADOL) and First Aid if necessary.

I DO NOT CONSENT to my child being given PAINKILLER (Ex: ADOL) and First Aid if necessary

1. **CONSENT FOR ROUTINE HEALTH SCREENING**

The Health Authority of Abu Dhabi (HAAD) states that all children are to be screened annually for health concerns.

This includes a simple vision test, height and weight assessment. Parents of children with possible concerns will be contacted by the school nurse. All results are recorded in your child’s health records which are stored confidentially.

I CONSENT to my child to be examined by Burjeel Al Hayat Medical Centre’s Doctor/ Nurse

I DO NOT CONSENT to my child to be examined by Burjeel Al Hayat Medical Centre’s Doctor/ Nurse

1. **Consent for disclosing information**

If the student suffers from chronic illness or allergies, the school clinic will be permitted to share health information with the relevant school staff (class teacher, supervisor) to provide appropriate medical assistance and advice to your child during school hours.

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_