



DOHA ENGLISH SPEAKING SCHOOL

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PUPIL HEALTH RECORD

Family Name		First Name		Date of Birth	
Tel home		Dad's Mobile		Mother's mobile	
Emergency Tel:					

**PLEASE COMPLETE THE FOLLOWING HISTORY:
(Please attach a copy of your child's immunisation record with this form)**

Immunisation:	Immunisation Dates:			
DTap/IPV/Hib (Diphtheria/Tetanus/Polio/Haemophilus Flu B)	1 st -	2 nd -	3 rd -	4-5 years
Hib (Haemophilus Flu B)				4 th -
MMR (Measles/Mumps/Rubella)	1 st -	2 nd -		
Pneumococcal Disease (PCV)	1 st -	2 nd -		
BCG Vaccination or TB skin test	Date:		Pos: <input type="checkbox"/>	Neg: <input type="checkbox"/>
Meningitis C	1 st -	2 nd -	3 rd -	

Please indicate with a tick if your child suffers from, or has had, any of the following:

Asthma – Which medication (if any):			
Diabetes		Epilepsy	
Ear/Hearing Problems		Eye/sight problems	Glasses? <input type="checkbox"/>
Eczema		Measles	
Heart disorders		Physical disability	

Is your child allergic to any food or medicine etc.? Please state:
Has your child ever had an infectious disease, e.g. hepatitis?
Has your child ever had an operation? If so, please state:
Is your child on any regular medication? If so, 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:

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.

When needed, the School Nurse will attempt to contact a Parent to request permission for their child to receive medication when they are feeling unwell. In the event of an emergency or when a Parent cannot be contacted, please provide consent below to allow the Nurse to administer basic medication such as Paracetamol or Brufen.

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 Headteacher/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 down 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:Signature:

Date: