

CirNo1/AJI/AY2023-24/APRIL

25th April 2023

Dear Parents,

The active and most receptive time of your ward is spent with us in the school. The school takes the responsibility of overall wellbeing of your child including the physical and mental health. To update and maintain the **Students Medical Record**, we request you to fill in the **Students Medical Declaration** below to let us know if your child is suffering from any illness which would require special attention in case of occurrence in the school.

This document will be kept as a permanent referral document by the school clinic and would be kept confidential. This vital health information will help the clinic to give essential guidelines to the school nurses and to the teachers with whom your ward spends much of their time in school.

- AJI Administration

<b>STUDENTS MEDICAL DECLARATION</b>		
<p>I, _____ hereby provide the medical details of my ward  <div style="text-align: center;"><b>(Name of Parent)</b></div> to be used in case of need by the school authorities.</p>		
	<p>If Yes (Current Treatment)</p>	
1. Juvenile Diabetes	Yes/No	.....
2. Fits / Convulsions / Epilepsy	Yes/No	.....
3. Asthma / Breathing difficulty / Wheezing	Yes/No	.....
4. Allergies (e.g Ant bites etc.)	Yes/No	.....
5. Others	Yes/No	.....
<p>Kindly also provide any other additional important information (e.g Contact number of your doctor etc.)</p> <p>.....</p>		
<p><b>Name of the Student:</b>.....<b>Section:</b>.....</p>		
<p>Mobile Number of Parent:.....</p>		
<p>Signature of the Parent:.....</p>		

Kindly fill both sides of the form and submit to the class teacher on or before 28<sup>th</sup> April 2023.

### Consent to Administer Non-Prescribed Medication

I authorize that my child:

Name: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth:

Address: \_\_\_\_\_  
\_\_\_\_\_

Grade & Section:

be given appropriate non-prescribed medication in the following cases:

1. Administration of Epinephrine in acute allergic reaction (anaphylactic shock)
2. Administration of Salbutamol inhalation to control asthmatic symptoms
3. Administration of Oral Glucose for hypoglycemia
4. Administration of Paracetamol to control mild to moderate pain and fever
5. Administration of antihistamine for allergy
6. Application of Analgesic ointment for mild to moderate pain

Is there any precaution/ contraindication that school personnel need to know prior to giving the medication?

\_\_\_\_\_  
\_\_\_\_\_

What are possible reaction/ side effects?

\_\_\_\_\_  
\_\_\_\_\_

What should be done in the event of reaction/ side effect?

\_\_\_\_\_  
\_\_\_\_\_

Check appropriate box below:

I authorize designated school personnel to administer the above medications

The above medications can only be administered by a HAAD registered School Nurse

1. I agree to hold the school and its employees harmless from any and all the liability for the result of taking the medication or the manner in which the medication is given.
2. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/ Guardian (full name and signature) \_\_\_\_\_

Date: \_\_\_\_\_