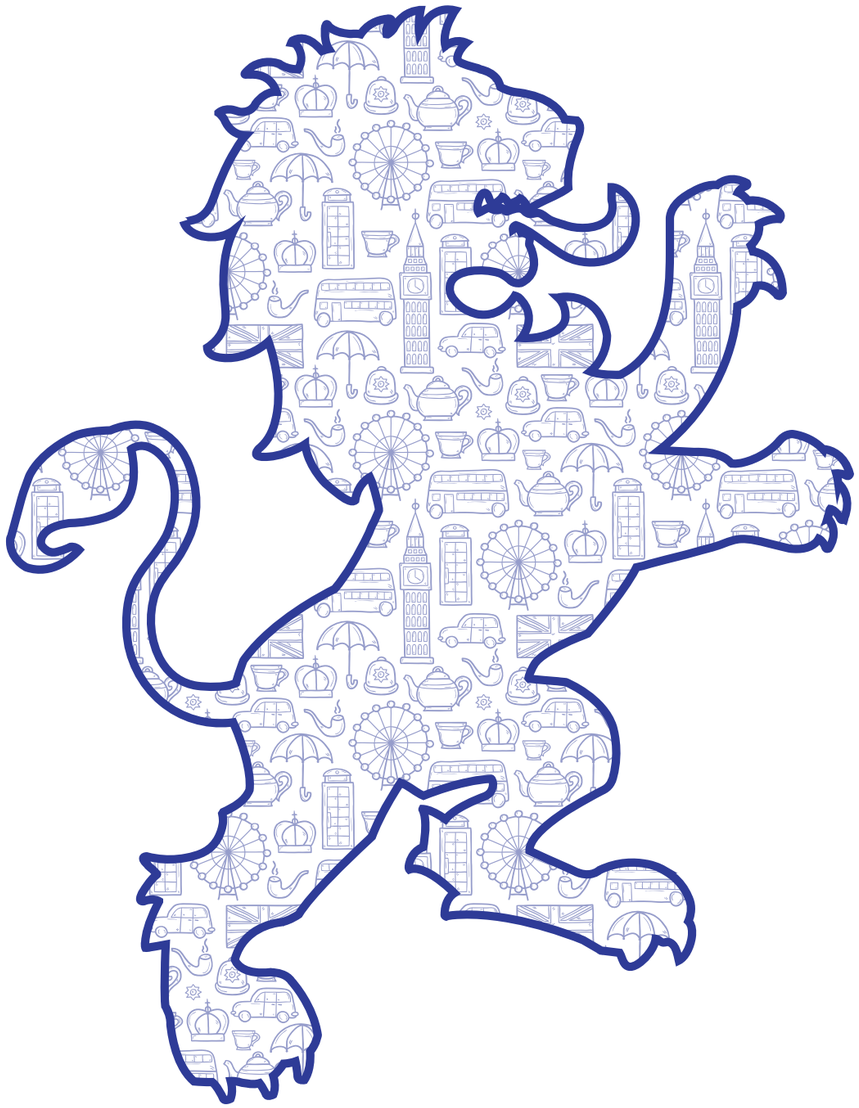

First Name	
Surname	
Admin No	
Homeroom	
Medical alert	
Allergy alert	
SEN	
Emergency contact	
Mobile number	
Date of Admission	

EMBOLDEN ENGAGE EMPOWER

الملكية البريطانية للتعليم المبكر

ROYAL BRITANNIA KINDERGARTEN

MEDICAL HISTORY FILE
البيانات الصحية للطالب

Parental consent to administer medication received ☐

Date (DD/MM/YY)

+965 9800 9696
+965 2295 1922
info@rbk.education

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شركة كنسورتيوم التعليمية
Education Consortium
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Child information

Child name											
Homeroom				**Administration number**							
Gender	**M**		**F**		**Date of birth**	**DD**		**MM**		**YY**	
Nationality				**Country of birth**							
Blood type											

Medical alert	
Allergy alert	
SEN need	

Family information

Father's family name		**First names**					
Profession		**Work Address**					
Mobile number		**Email**					
Level of English *(tick appropriate box)*	**Excellent**		**Good**		**Poor**		**None**	
Home (Area, Block, Street)		**Home telephone number**					

Mother's family name		**First names**					
Profession		**Work Address**					
Mobile number		**Email**					
Level of English *(tick appropriate box)*	**Excellent**		**Good**		**Poor**		**None**	
Home Address if different to father		**Home telephone number**					

Please state who should be the first point of contact in the event of an emergency *(tick as appropriate)*

Father		**Mother**		**Other name in full**	
Others relationship to child			**Telephone number**		
Address of other					

Siblings at RB and other schools

#	Name	Gender (M/F)	Date of birth
1			
2			
3			
4			
5			

School history

#	Name of school	Dates of Attendance DD MM YY to DD MM YY		Grade at time of departure
1				
2				
3				
4				
5				

*** Additional siblings complete back of page.**

NOTES REGARDING CONSENT FORMS

Consent for medication

DT Y5

Rubella (Y6 Girls only)

DT Y11

Immunisation record *(tick as appropriate)*

	Hepatitis B	Polio	DPT	Hib	MMR	Meningitis (A & C)	BCG	Other
Birth	1	1						
2 months	2	2	1	1				
4 months		3	2	2				
6 months	3	4	3	3				
12 months					1			
18 months		5	4	4				
24 months						1		
2 years 6 months		6						
3 years 6 months		7	5					
4 years 6 months		8	6					
School entry					2		1	
10 years			DT					
12 years					Rubella (girls)			
18 years			DT					

Medical History

Allergies	**Food**	**Environmental**	**Drug**
	What substance	**Type and severity of reaction**	**Treatment**
Asthma	**Frequency of episodes**		**Severity of episodes**
	Trigger(s)		**Treatment & medication**
Blood diseases	**G6PD**	**Thalassemia**	**Other**
Cancer			
Chicken Pox		**Date**	
Diabetes			
Eczema			
Epilepsy	**Type**		**Frequency of episodes**
Measles		**Date**	
Middle ear infection	**Frequency**	**Last occurrence**	**Treatment**
Mumps		**Date**	
Rubella		**Date**	
Rheumatic Fever			
Speech problems			
Hearing problems			
Visual problems		**Glasses**	**Contact lenses**
Other conditions			

Medical history

	Date	TU	Size
Tuberculin tests			

	Date	Lot number
BCG vaccinations		

Family history

Diabetes		TB	
Epilepsy		G6PD	
Thalassemia		Other condition	

Medical alert information

Allergy alert information

Special needs information

I hereby declare that the information provided is up to date and accurate

Signature of declaration

Date

Name of parent

Mobile

Nurse's Notes

Medical card to be attached

Instructions for filling up this Health Card

1. The School Nurse is responsible for writing the information in this file.
2. Information should be written in pen.
3. All information concerning the students has to be recorded: visiting Doctor's findings, accidents.
4. Physical examination should be conducted by the visiting Doctor in the presence of the School Nurse. Immunizations should be recorded with dates.
5. The School Nurse is responsible for informing the parents about the Doctor's recommendations and the follow-up.
6. This chart is confidential and will follow the student through school.

Yearly check

Date	Height	Weight	Spinal Check		Hearing	Vision				Dental check			Signature
						With glasses		Without glasses					
			Normal	Abnormal		R	L	R	L	Good	Careless	Hygiene	

Notes

Complete medical examination

Examination		Pre KG	KG	KG/R	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Date																
General condition																
Hair																
Skin																
Eyes																
Ears																
Nose																
Oral cavity																
Heart & circulation																
Respiratory system																
Abdomen	Liver															
	Spleen															
	Hernia															
Urinary (enuresis)																
Genital systems																
Lymph glands																
Nervous system																
Speech disorders																
Locomotive systems	Bones															
	Muscles															
	Joints															
Psychology																
Puberty age																
Doctor's signature																
School Nurse's signature																

School Doctor's comments

Visits to the School Nurse

Date	Time	Student concern	Nursing assessment	Treatment	Outcome	Parents notified (Y/N)	Follow-up required (Y/N)

Special needs visit

Date	Time	Student concern	Nursing assessment	Intervention	Outcome	Parents notified (Y/N)	Follow-up required (Y/N)

Special needs visit

Date	Time	Student concern	Nursing assessment	Intervention	Outcome	Parents notified (Y/N)	Follow-up required (Y/N)

Visits to the School Nurse

Date	Time	Student concern	Nursing assessment	Treatment	Outcome	Parents notified (Y/N)	Follow-up required (Y/N)

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

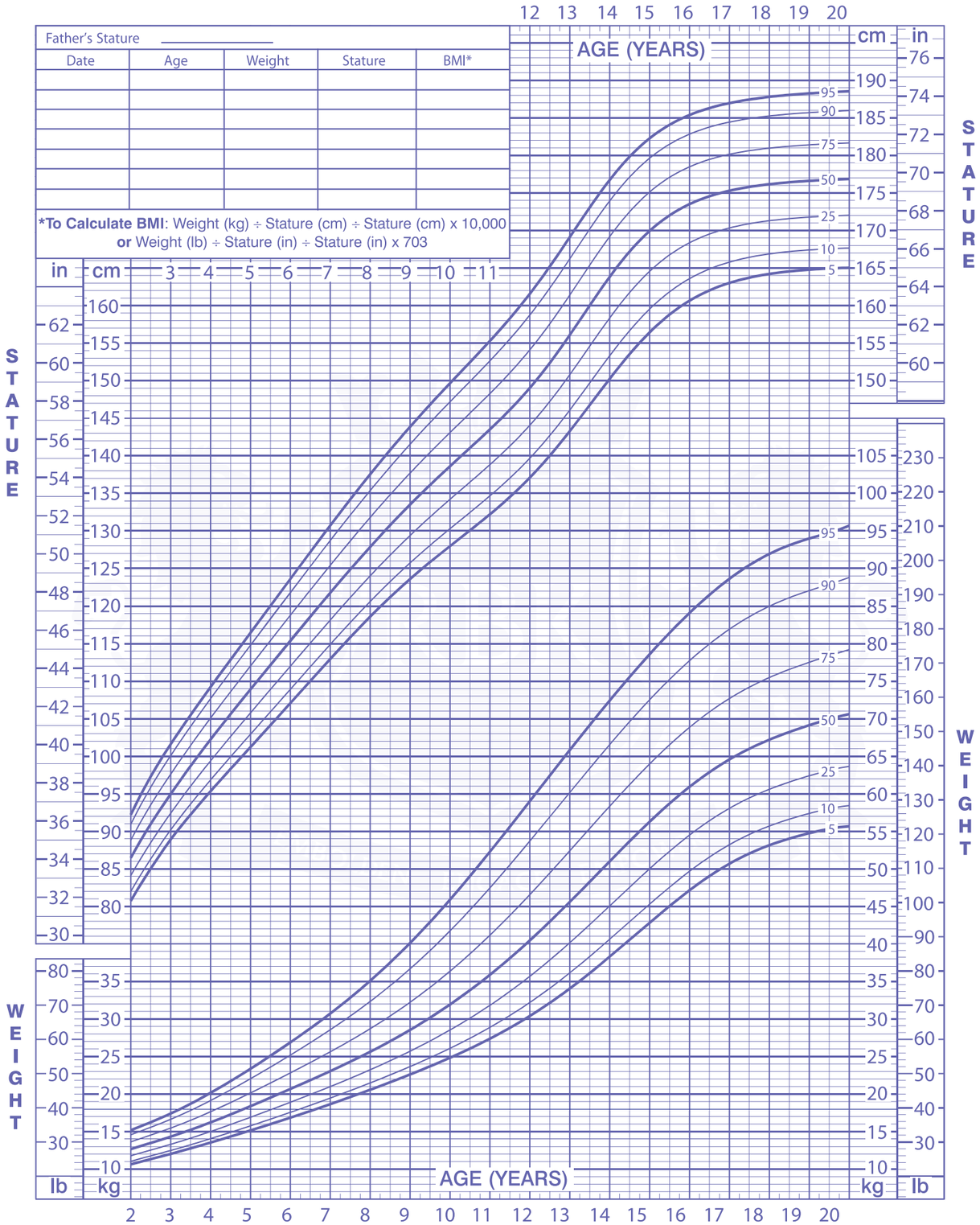
NAME _____

Admin Number # _____

Father's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

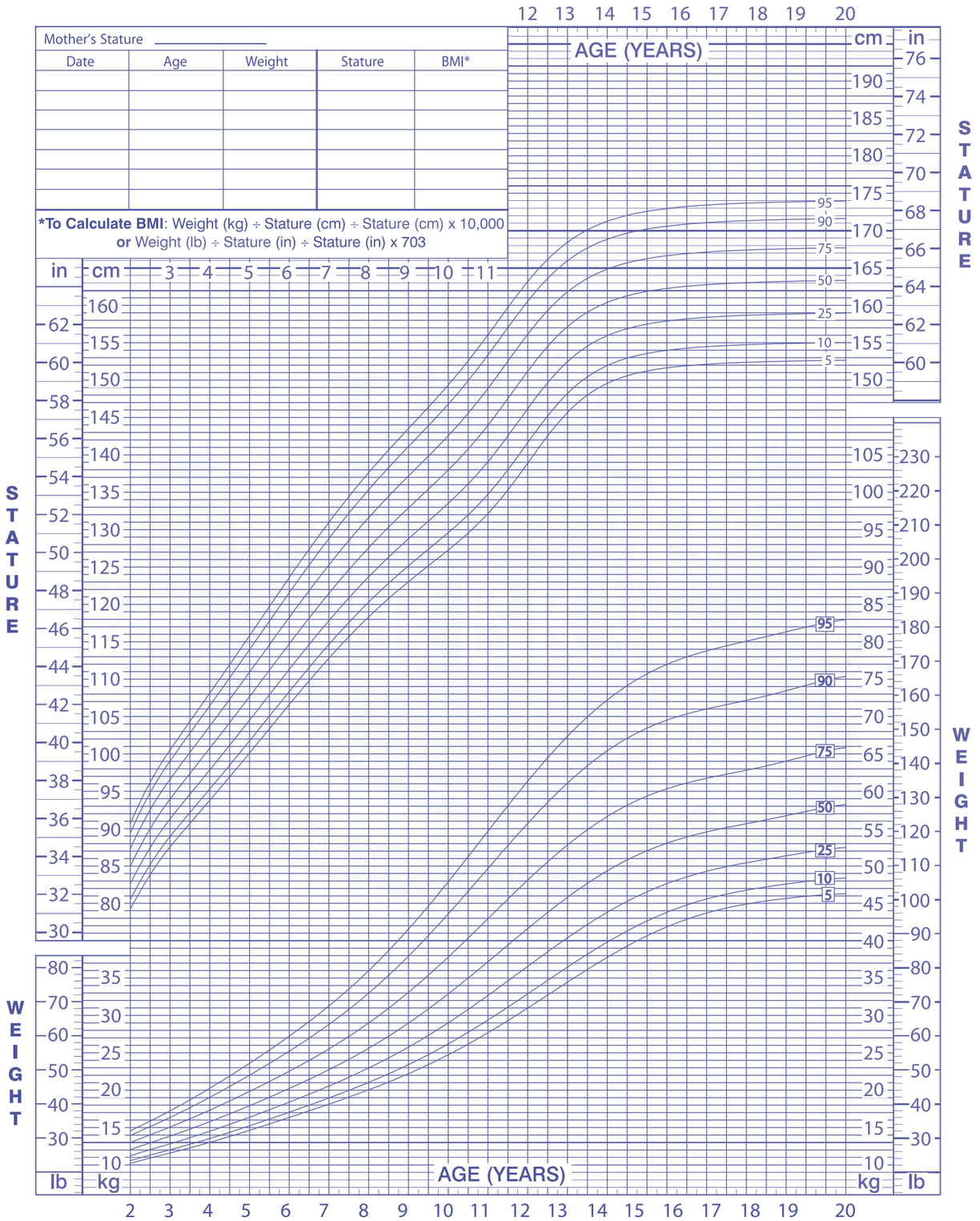
NAME _____

Admin Number # _____

Mother's Stature _____

Date	Age	Weight	Stature	BMI*

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



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