

Sarh Al Jaameah Private School (SAPS)

Student Health and Emergency Information School Year 2021-2022

In order to give your child the best possible school health and emergency care, please complete this form carefully. **(to be provided upon your child being accepted into the Sarh Al Jaameah Private School)**

Name:		Date of Birth:	
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Month/Day/Year</i>
Sex: Male/Female	Grade:	Date Entered:	
Health Provider:	Date of Last Exam:		

Emergency Contact Information

Father's Name:	Mother's Name:
Home Tel. #	
Work #	Work #
Mobile #	Mobile #
Siblings at SAPS: (Name & Grade)	
Emergency Contact:(Other than yourself):	

Student's Health History

Please check off any of the following:
<input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Cancer <input type="checkbox"/> Concussion/Head Injury <input type="checkbox"/> Diabetes <input type="checkbox"/> Dental problems
<input type="checkbox"/> Depression <input type="checkbox"/> Ear Infections <input type="checkbox"/> Eye problems <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Heart Condition <input type="checkbox"/> GI (stomach/bowels) <input type="checkbox"/> GU (kidney/bladder) <input type="checkbox"/> Neurological problems <input type="checkbox"/> Orthopedic (muscle/bone) <input type="checkbox"/> Thyroid Disorder <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Pneumonia
<input type="checkbox"/> Other: Please describe hospitalizations, surgeries, or other health concerns:

Does your child have vision problems? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Does child wear glasses or contacts? Yes No

Does your child have hearing problems? Yes No

Does child wear hearing aid? Yes No

Does your child have allergies? Yes No

If so, indicate below allergy type and known reactions below:

Medication _____

Environment _____

Food _____

Does your child require an EpiPen? Yes No

Does your child require an Inhaler in school? Yes No

Does your child take any medication daily? Yes No *If so, please list below:

Medication _____ Taken for _____

Medication _____ Taken for _____

Medication _____ Taken for _____

An official immunization record is required upon enrollment. A completed physical exam record is required for new school entry. It is the responsibility of the parent to provide the Immunization and physical exam records to the school health office before the start of the school year.

I give permission for routine and spot vision screening as part of the elementary school health program:

Yes No

Parent/Guardian Signature: _____ **Relationship:** _____ **Date:** _____

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Immunization Requirements

DPT (Diphtheria, Pertusis, Tetanus) at 2, 4, 6 & 18 months and 4-6 years
<i>Date of Immunization:</i>
HIB (Haemophilus influenza) at 2, 4, 6 & 12-15 months
<i>Date of Immunization:</i>
MMR (Measles, Mumps, Rubella) at 9 & 15 months
<i>Date of Immunization:</i>
POLIO (oral OPV or injectable IPV) at 2, 4, 6 & 18 months and 4-6 years
<i>Date of Immunization:</i>
TD (Tetanus, Diphtheria) every 10 years after DPT
<i>Date of Immunization:</i>

Any family unable to document these immunizations must consult with SAPS school nurse.

Recommended for all children and adults

HEPATITIS A (Harvix) usually 2 doses injectable at day 1, 6-12 months
<i>Date of Immunization:</i>
HEPATITIS B (HBV) 3 doses injectable at day 1, day 30, 6-12 months
<i>Date of Immunization:</i>
MENINGITIS usually injectable, given 2+ years of age with a Booster of every 3 years
<i>Date of Immunization:</i>
THYROID injectable, 2 doses at 6 months – 5 years of age with Booster every 4 years (Oral does given to 5+ years of age with Booster every 4 years.
<i>Date of Immunization:</i>
VARICELLA (Chicken Pox) for those who have not had a document case of chicken pox. 1 dose for children 1-12 years, 2 doses for children over 12 years.
<i>Date of Immunization:</i>

Other optional vaccinations and preventive measures

BCG (Bacillus Calmette-Guerin)
<i>Date of Immunization:</i>
INFLUENZA
<i>Date of Immunization:</i>
JAPANESE ENCEPHALITIS B (JBE) 3 doses at day 0, 7 & 30
<i>Date of Immunization:</i>
MALARIAL PROPHYLAXIS
<i>Date of Immunization:</i>
PNEUMOCOCCAL
<i>Date of Immunization:</i>
RABIES (pre-exposure) 3 doses at day 0, 7 & 28
<i>Date of Immunization:</i>