

**Name of Child:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Gender: Male / Female** **Date of Birth (D/M/Y):** \_\_\_\_\_

**Name of school last attended:** \_\_\_\_\_

- Children are not allowed to keep any medicines in the classroom for safety reasons. If any prescribed medication requires administration during school hours then the child must be sent to the school clinic with their prescription from the doctor stating the time and dose required. The school nurse is able to administer 'short term' medications. Please refer to the 'Medications in School' information section on the AJIS webpage (Clinic).
- When your child is not feeling well and needs continuous care **please do not send them to school**. The school nurse attends each class every morning to check on children's welfare. If it is deemed necessary parents will be contacted to collect sick children **immediately**.
- **If your child has any of the following they must be free of the symptom for 24 hours before they return to school.**
  1. Vomiting,
  2. Diarrhea,
  3. Fever (If your child requires the use of paracetamol/Panadol to reduce a fever then he/she should not be in school).
  4. Sore / inflamed throat
  5. Persistent cough
  6. Unexplained rash - children should return to school with a safe to return to school certificate if the child has an unexplainable rash.
- If your child is suffering from any viral illness, sore eyes (conjunctivitis) chicken pox, mumps, measles etc. **please do not send them to school**. Please refer to the school policy on returning to school after a sick period (available to view on AIS webpage. Clinic)
- The school must be provided with the treatment/family doctor's clearance certificate before your child can resume classes.
- Please be aware that AJIS is a nut free school. Please ensure your child is provided a nut free food/snacks. The sharing of food is to be discouraged for this reason.  
**Any birthday/celebration treats bought into the school must be nut free.**  
Further information regarding the school's 'Nut free policy' is available to view on the AJIS webpage/clinic.
- It is mandatory for parents to disclose any medical condition/allergy/sickness their child may suffer from.

**PLEASE NOTE THAT WE CANNOT BE RESPONSIBLE FOR ANY OUTSTANDING MEDICAL INFORMATION OR CONDITION THAT WE HAVE NOT BEEN INFORMED ABOUT. WE CAN ONLY ACT ON INFORMATION SUPPLIED. IT IS THE PARENTS RESPONSIBILITY TO INFORM THE SCHOOL OF CHANGES TO THEIR CHILDRENS MEDICAL CONDITIONS.**

**I have read and understood the Medical policy and will abide by it.**

**Parent Name**

**Sign**

**Date**

\_\_\_\_\_

# Medical Consent Form

Please note that the following consents are valid for the duration of time that your child attends AJIS, unless you inform the school otherwise in writing.

**PLEASE NOTE THAT IT IS THE PARENTS' RESPONSIBILITY TO ENSURE THAT ANY CHANGE OF CONTACT NUMBERS ARE PROVIDED TO THE SCHOOL AT ANY TIME**

As the parent/ guardian of the child above I give my consent to the following:

**1. Emergency Consent.**

Should your child require prompt emergency treatment (broken bone, concussion) you will be contacted and asked to collect your child from school and to take them 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 meet at 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.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**2. Consent for the administration of paracetamol (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 ADOL.

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 paracetamol (ADOL) and First Aid should it be considered necessary.**

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**3. 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 concern will be contacted by the school nurse. All results are recorded in your child's health records which are stored confidentially.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**4. Consent for disclosing information**

In event of your child having an illness or allergies, the school clinic will be allowed to share health information to the concerned school staff (class teacher, supervisor) to provide proper assistance and medical guidance to your child during school hours.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

## Medical Information

The information provided will remain confidential.

**PRIORITY CONTACT NUMBER (in case of Emergency):** \_\_\_\_\_

Mother's name		Father's name	
Mobile number		Mobile number	
Occupation		Occupation	
Email Address		Email Address	

Has your child any of the following? If yes, please give us the dates/details.

ILLNESS	YES	NO	DATE	CONDITIONS	YES	NO	DETAILS
Measles				Bronchial Asthma			
Rubella				Rheumatic Fever			
Mumps				Congenital Heart Disease			
Poliomyelitis				Epilepsy			
Heart disease				Diabetes Mellitus			
Whooping cough				Surgical Operations			
Diphtheria				Frequent Gastric			
Infective Hepatitis				Accidents			
Scarlet Fever				Frequent Headaches			
Tuberculosis				Thalassemia			
Dysentery				Vision Problem			
Chicken Pox				Hearing Problem			
Others				Others			

## IMMUNIZATION INFORMATION

*All schools in the UAE are mandated to hold immunization records on all children from birth to present.*

**(Kindly attach a copy of the updated vaccination card)**

VACCINE	DATE LAST TAKEN (dd/mm/yy)
BCG	
Hepatitis B	
MMR (Measles, Mumps, Rubella)	
Chicken pox, varicella	
DPT (Diphtheria, Pertusis, Tetanus)	
Rotarix	
Hepatitis A	
Meningitis	
Typhoid	
Others?: Please specify	

Name of Child: \_\_\_\_\_ ID: \_\_\_\_\_

The following medications are available in the school clinic and used in emergencies, for those students in the Primary School parents shall be called prior to administration of any oral medication:

Paracetamol Syrup/Tablets	Headache, fever, pain
Antihistamine	Allergies
Salbutamol	Dry cough
Fenistil gel	Insect bites
Reparil Gel	Post-traumatic swelling
Voltaren Emuge	Joint or Muscular pain
Fucidin ointment	Wound dressings
Betadine	Wound cleaning
Flamazin	Burns
Lozenges	Sore throat

MEDICATION ALLERGIES: \_\_\_\_\_

Kindly tick appropriate box.

- I ALLOW MY CHILD TO RECEIVE MEDICATIONS FROM SCHOOL CLINIC.
- I DO NOT ALLOW MY CHILD TO RECEIVE MEDICATIONS FROM SCHOOL CLINIC.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION

1. Does your child currently take any medication? **Yes** \_\_\_ **No** \_\_\_  
If yes, please specify: why, dose and frequency  
\_\_\_\_\_
2. Has your child ever been hospitalized? **Yes** \_\_\_ **No** \_\_\_  
If yes, please specify when and what for:  
\_\_\_\_\_
3. Does your child has any known allergy? **Yes** \_\_\_ **No** \_\_\_  
If yes, please explain:  
\_\_\_\_\_
4. Does your child have speech problems? **Yes** \_\_\_ **No** \_\_\_  
If yes, please explain:  
\_\_\_\_\_
5. Does your child have difficulty hearing? **Yes** \_\_\_ **No** \_\_\_  
If yes, please explain:  
\_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **ID:** \_\_\_\_\_

## Registration

- Please respect that all children are important to us therefore it is prohibited for any parent to ask for pick-up / drop-off times.
- Re-registrations for a new academic year must be completed before the 30<sup>th</sup> May of the academic year.
- New registrations for transportation is required at least one month before the first day of term for any academic year. Failure to register for the bus service before this deadline may result in the outcome that the transportation will not be available for your child.
- The registration process will take a maximum of 2 working weeks. The bus service will begin 2 weeks after registration has been completed. This is to clarify locations and re-route any current routes. You will be sent notification of the bus number within this time.
- All parents will be issued contact details for the School Transport Supervisor and the Bus Matron.
- We reserve the right to decline provision of service. Allocation of bus facility will be based on the availability of seat on the bus.
- In case of change of residence, provision of transport service will be subject to the availability of seats on established routes, and may not be implemented until 48hrs.or 2 working days from written request.

## On the bus

- Children should enter the bus as quickly and quietly as possible
- Students should not stand or move from place to place while the bus is in motion.
- Safety belts must be worn at all times. Bus matron will notify passengers every time they enter the bus that they must wear a seatbelt.
- If a child requires a booster seat it must be provided by the parent and UAE law guidelines should be adhered to.
- Windows and doors should only be opened/ closed with permission of the bus supervisor.
- Passengers must keep all parts of their body inside the vehicle at all times.
- No one should behave in a way which may distract the bus driver or make the journey unsafe/unpleasant for other passengers.
- Malicious damage or vandalism will be paid for by the offenders/ family
- AJIS does not tolerate or permit any alcoholic drinks, tobacco, substances or potentially harmful devices (matches, lighters, pen knives) to be carried in the school bus. Passengers who do so will be permanently excluded from the bus service and potentially from school.
- Bags and school equipment must be stored safely on the bus.
- All students must adhere to the School behavior policy and Code of conduct.

## Parental responsibility

- Please ensure that your child is at their pick up location on time. The buses will leave at the designated time and will not wait for latecomers. Please do not ask the driver to delay because you are running late. It is important that all children reach school safely and on time, therefore once the bus has left a location, it will not return again to pick up the child.
- If your child is not going on the bus to/from home please contact the school no later than 3 hours before the scheduled pick up/drop off.
- Bus assistants will take daily attendance to ensure all students are accounted for. Parents are required to inform the bus supervisor if a student is absent on a particular day.
- An authorized adult should be at the bus stop on time to collect the child in the afternoon, if an unauthorized adult or no one turns up then the child will be brought back to school and the parents will be required to arrange transport for the child from school.

- A written request, signed by the parent/guardian, for reasons of safety and security, is required if a drop-off other than usual is requested.
- All buses have designated pick up and drop off points. All timings will be finalized by the transportation team. The pick-up and drop off times will vary per student, this will be assigned based on the shortest route to arrive at the school/home location. Pick up and drop off timings will not exceed 75 minutes as per ADEK rules and regulations. No personal requests will be granted.
- Students above Year 4 will be responsible to board the bus themselves (home time). It is their responsibility to be on the bus before the time of departure. If the child is not on the bus by this time the bus will leave and you will be required to collect your child from school.
- Parents/caretakers are not allowed on the bus at any time, if there are any issues parents are requested to contact school administration.

**Health and Safety**

- All vehicles, drivers and passengers are insured. In case of any claim due to accident, the company's liability is limited to the comprehensive compensation paid by the insurance company, as per the terms of the insurance policy.
- Under no circumstances shall the bus monitor/supervisor leave the bus during pick up/drop off. It is the responsibility of the parent/carer to collect the child from the agreed point. If the above is not strictly followed by any parent the students will be brought back to school and it would be the responsibility of the parents to collect the students from the school. In such cases the transport company will charge the parents AED 50/- per hour, per student for taking care of the students at the school.
- Buses are not allowed to reverse whilst on pick up or drop off. Therefore buses are unable to enter any driveway/ parking area inside villas/compounds. Children must be picked up and dropped off safely from a main road/street location.
- Children with contagious diseases are not permitted to travel in the bus. A clearance certificate should be handed to the school nurse on the day the child returns to school.
- For safety reasons, eating and drinking on the bus other than water will not be permitted.
- Parents or guardians shall compensate the company for any damages caused / sustained on the bus or to other travelers as a result of inappropriate behaviour/actions by their child.
- The school does not take any responsibility for students once they have left the school bus at the designated drop point with an authorized person.

It is important that you read the information above. If you do not sign this document your child will not be able to use the transport service.

**NO NEED FOR BUS**

**Please acknowledge that you have read, understood and accept the contents of this Policy.**

**ADDRESS**

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<b>Parent Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____

Administration	
<b>Academic Year</b>	
<b>Bus Number</b>	
<b>Additional Comments</b>	

## Child Pick-up Authorisation Form

**Name of Child:** \_\_\_\_\_ **ID:** \_\_\_\_\_

Your child's safety is paramount to us at Ajyal International School. Please provide us with 5 authorised persons (including parents) that may be picking up your child.

Name	Relationship to child	Mobile number	Email address
	Father		
	Mother		

Emergency Telephone password \_\_\_\_\_

If you call and need your child to go with an unauthorised person, then a password which is personal to you and your child **must** be given to ensure it is you on the other side of the phone. Please note this is not your mobile number- it's a word that you can remember when we need to clarify whether you're the parent or not. You will be required to say this password whenever you call, so please ensure it's something that you will remember and should only share it with those that you trust.

Please note that any person picking up the child for the first time, **MUST** have ID proving that they are the approved person above. If you would like to add another person to the list or remove somebody from the approved list then an email will be required (from the email of a parent which is on our file) in order for the change to take place. Telephone messages are not sufficient unless your password is given.

### Our promise to you:

WE WILL NOT GIVE ANYONE THE DETAILS GIVEN ABOVE.

WE WILL NOT RELEASE THE CHILD TO ANYONE WHO IS NOT ON THE ABOVE LIST (unless you have stated in writing or called the school with your password).

## **Media Consent Form**

**This form is valid for the period of time your child attends the setting. The consent will automatically expire after this time.**

I the parent/guardian of \_\_\_\_\_, understand that the school may photograph or film my child during his/her education at Ajyal International School in order to show progress and development for their learning journeys. There may be occasions where we may share an image or video with you and the wider community. Please consent to the below methods of sharing media:

- I agree that all media files may be used for the school's online (website & social network sites), printed publications/advertisements, display purposes (corridor), and shared on Class Dojo publicly and privately.
  
- I do not agree on all the above.

You must inform the school in writing if you wish to withdraw your consent, otherwise this form is deemed valid for the entire duration of your child's stay at Ajyal International School.

**Parent Name**

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Name of Child:** \_\_\_\_\_ **ID:** \_\_\_\_\_

Upon entering Ajjal International School, your child must be independent in taking care of all their bathroom needs. Specifically stated:

- Children must wear traditional underwear to school, not pull-ups or other absorbent undergarments.
- Children must be able to independently recognize the need to use the toilet, and get to the toilet in a timely manner without having "potty accidents."
- Children must be able to get on and off the toilet without assistance from an adult.
- Children must be able to use the toilet provided without the help of a potty chair or training seat.
- Children must be able to pull pants up and down on their own.

Enforcement:

If a child has a "potty accident" at school, a report will be sent home indicating the date of the incident and a reminder of the policy as written above. This letter will be signed by the teacher and the Head of Department, and will be sent home to be signed by a parent and returned to school the next day. The same procedure is followed after a second 'potty incident'.

In the event of a third "potty incident" or the recognition that one of the above criteria are not being met, a meeting will be scheduled with the parents, teachers and Head of Department to discuss whether or not a consistent routine has been established. If it is determined that a consistent routine has not been established, the student will be asked to leave the school until the child is adequately meeting the criteria above.

When the parents believe the child has established consistent bathroom routines, a meeting with the teachers and administration will be scheduled to determine if a successful level of independence has been reached and the child is ready to re-enter the school.

**Please complete below:**

**I have read and understood the Toilet Training Policy and confirm that my child will be toilet trained before he/she begins school.**

**Parent Name**

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_