Gingle Kids
Early Learning Centre

V20, Russia Cluster, International City, Dubai
Ph: 04 2415558 Mob: 056 7007414
email: info@ginglekidsuae.com
www.ginglekidsuae.com

AFFIX PHOTO HERE

Medical Form

Gingle Kids Early Learning Centre

Child Information:

Name _____ Surname _____

Date of Birth _____ Nationality _____ Gender ☐ M ☐ F

Emergency Contact Name _____ Relationship _____ Telephone _____

Allergies or Food Restrictions ☐ Yes ☐ No Details _____

Medical History (Conditions)

Child Doctor Name _____ Clinic _____ Telephone _____

Physical Disability	☐ Yes	☐ No	Details _____
Respiratory Difficulties	☐ Yes	☐ No	Details _____
Hearing Impairments	☐ Yes	☐ No	Details _____
Vision Impairments	☐ Yes	☐ No	Details _____
Speech Difficulty	☐ Yes	☐ No	Details _____
Learning Difficulties	☐ Yes	☐ No	Details _____
Chronic Illness	☐ Yes	☐ No	Details _____
Other Health Concerns	☐ Yes	☐ No	Details _____

Has your child been hospitalized or received medical treatment recently? _____

Medical History (Illness)

Measles	☐ Yes	Date _____	☐ No	Pneumonia	☐ Yes	Date _____	☐ No
Whooping cough	☐ Yes	Date _____	☐ No	Asthma	☐ Yes	Date _____	☐ No
Chicken Pox	☐ Yes	Date _____	☐ No	Rheumatism	☐ Yes	Date _____	☐ No
Mumps	☐ Yes	Date _____	☐ No	Tonsillitis	☐ Yes	Date _____	☐ No
Poliomyelitis	☐ Yes	Date _____	☐ No	Diabetes	☐ Yes	Date _____	☐ No
Tuberculosis	☐ Yes	Date _____	☐ No	Scarlet Fever	☐ Yes	Date _____	☐ No
Meningitis	☐ Yes	Date _____	☐ No	Hand, Foot & Mouth	☐ Yes	Date _____	☐ No

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Vaccinations Information

Vaccine		Date	Vaccine		Date
DTaP/IPV/Hib - 1st dose (5 in 1 - diphtheria, tetanus, pertussis, polio and haemophilus influenza type b)	☐ Yes ☐ No	(generally given at 2 months)	DTaP/IPV/Hib - 3rd dose (5 in 1 - diphtheria, tetanus, pertussis, polio and haemophilus influenza type b)	☐ Yes ☐ No	(generally given at 2 months)
PVC- 1st dose (pneumococcal)	☐ Yes ☐ No	(generally given at 2 months)	PVC - 2nd dose (pneumococcal)	☐ Yes ☐ No	(generally given at 2 months)
Rotavirus - 1st dose	☐ Yes ☐ No	(generally given at 2 months)	Meningitis C- 2nd dose	☐ Yes ☐ No	(generally given at 2 months)
DTaP/IPV/Hib - 2nd dose (5 in 1 - diphtheria, tetanus, pertussis, polio and haemophilus influenza type b)	☐ Yes ☐ No	(generally given at 2 months)	Hib/Men C Booster (Meningitis C - 3rd dose and Hib - 4th dose)	☐ Yes ☐ No	(generally given at 2 months)
Meningitis C - 1st dose	☐ Yes ☐ No	(generally given at 2 months)	MMR – 1st dose (measles, mumps and rubella)	☐ Yes ☐ No	(generally given at 2 months)
Rotavirus - 2nd dose	☐ Yes ☐ No	(generally given at 2 months)	PVC – 3rd dose (pneumococcal)	☐ Yes ☐ No	(generally given at 2 months)

Consent For School Medical Examination

I hereby give my consent for my child to be seen by Gingle Kids ELC onsite physician for termly health screenings as mandated by Dubai Health Authority (DHA).

☐ Yes ☐ No Comments _____

Signature of Parent / Guardian _____ Date _____

Non-Prescription Medicine Administration

I hereby authorize the ELC to administer to my child the following medications/products according to manufacturer's / physician's written instructions, if and when required. Other medications may be administered to my child as required subject to my signed written request submitted to the Administration Office of the ELC. I will not hold Gingle Kids ELC liable for any allergic reactions or any other symptoms when the medications/products are used in these terms.

Paracetamol ☐ Yes ☐ No Comments _____

First Aid Ointment ☐ Yes ☐ No Comments _____

Insect Bite Cream ☐ Yes ☐ No Comments _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

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Health and Safety Terms and Conditions

I do understand that if my child is ill, he / she should not attend ELC until fully recovered from illness or clear from infection. If my child falls sick in the ELC, when called to collect him / her, I will endeavour to be at the ELC promptly within 1 hour.

In the event of an accident, I agree to the ELC providing emergency care to my child, including calling an ambulance and/or physician for medical attention. I agree to pay for any costs incurred and take full responsibility for treatment required. I will not hold the ELC liable for any of the above in the event they are not able to reach to confirm the course of action.

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

Liability

I hereby confirm that all the medical information is accurate and correct to the best of my knowledge. I endeavour to provide Gingle Kids ELC with any changes to this information as and when I become aware of them. The immunization record and information I provided is complete and up to date.

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____