Student Health Form

Deutsche Schule Nairobi
German School Nairobi

To be completed by Parent / Guardian

_____	_____	_____
Student name (last / first / middle)	Date of birth	Grade
_____	_____	
Home phone number	Email address	
_____	_____	
Mother's name	Mother's mobile number / work nr.	
_____	_____	
Father's name	Father's mobile number / work nr.	

Your child may be released to the following individual for minor illnesses or injury, ifcustodial parents cannot be reached (Relative, Neighbour or Friend).

_____	_____	_____
Name	Relationship	Phone number
_____		_____
Family doctor's name		Phone number
Hospital preferred:_____		_____
		Phone number

Parental permission is given for student to receive treatment and medication for minor illnesses or injuries at school. Please indicate 'Yes' or 'No'☐'YES ☐'NO'☐'YES', with the following restrictions

_____

Does your child have a health condition(s) which require **EMERGENCY ACTION** while he / she is in school (e.g. seizure, asthma, insect allergy, bleeding problems, diabetes, heart problem)? **'YES`_____ 'NO'_____**

If 'YES', please describe _____

_____

If your child has medication(s) for emergency action, please bring it to the School Nurse.

Deutsche Schule Nairobi
German School Nairobi
P.O. Box 978
00621 Nairobi, Kenya

Phone: +254 (0)733 445685
+254 (0)721 258417

e-mail: nurse@germanschool.co.ke
mercy.chege@germanschool.co.ke

ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge, does your child have any problems that may affect his/her learning in school, cause concern and/or be important for school staff to know?
Please indicate 'YES' or 'NO' for each of the following.

Area of concern	No	Yes	Comments
Allergies (drugs,food,insects) Bee-sting reactions specify	☐	☐	
Asthma	☐	☐	
Cerebral palsy	☐	☐	
Diabetes	☐	☐	
Ear problem or deafness	☐	☐	
Eye or vision problems	☐	☐	
Heart problems	☐	☐	
Limits of activity	☐	☐	
Medication	☐	☐	
Meningitis	☐	☐	
Prematurity	☐	☐	
Problem with bladder	☐	☐	
Problem with bowels	☐	☐	
Seizures	☐	☐	
Speech problem	☐	☐	
Others	☐	☐	

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INFORMATION FOR SPORTS

Area of concern	No	Yes	Comments
Advised by physician to restrict activity	☐	☐	
Has been unconscious	☐	☐	
Has fainted	☐	☐	
Has had a convulsion(s)	☐	☐	
Unusually short of breath under light exercise	☐	☐	
Has had sports injuries	☐	☐	
Chest pain	☐	☐	
Weak or ill when exposed to high temperatures	☐	☐	
Has had surgery or fracture(s)	☐	☐	
Others	☐	☐	

Is your child allowed to participate in all kinds of sports? ☐**'YES`** ☐**'NO'**
If 'NO', please describe_____

Comments and / or concerns regarding health and / or sports activities:

_____

_____

_____

Is your child taking any medication regularly at home: ☐**' YES'**☐**'NO'**
If 'YES': Name : _____

Dosage: _____

Reason: _____

Your child's **Blood Type:** _____(if known)

IMMUNIZATION / INNOCULATION

Kindly indicate the last vaccination dates, so that in case of sickness we can give recommendations.
It is **strongly recommended** by the school that your child has the following vaccinations.
Please check for updates with a physician

Polio		_____	Measles		_____
Pertussis	P	_____	Mumps	M	_____
Diphteria	D	_____	Rubella	R	_____
Tetanus	T	_____	Meningococcal		_____
Hib (haemophilusinfluenza)_____			BCG / TB		_____
Hepatitis A (after age of 10 years if no immunity)		_____	Anti-Rabies		_____
Hepatitis B		_____	Flu		_____
Yellowfever		_____			

MALARIA PREVENTION

Before every school trip outside Nairobi, parents / guardians should take advice from a physician concerning malaria prevention.

Please take note that some parts of the student's file will be stored in a school computer for practical reasons.

_____ _____

Signature of Parent(s) / Guardian(s) **Date**

OPTIONAL INFORMATION

If you like to discuss your child's health with school personnel, please indicate title:

(School Nurse, Teacher, Counsellor, Principal or Special area Staff)

Title _____

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BLOOD BANK – file (optional – to be used only for students)

Father's name _____ Blood Type_____

Mother's name _____ Blood Type_____

People who have had malaria within the last five years, known history of cancer or hepatitis cannot be blood donors.

Nurse's notes:

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