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, if custodial parents cannot be reached (Relative, Neighbour or Friend):

Name	Relationship	Phone number

Parental permission is given for student to receive treatment and medication for minor illnesses or injuries at school:

☐ 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, allergies, 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
Email: +254 (0) 721 258417
nurse@germanschool.co.ke
mercy.chege@germanschool.co.ke

Student Health Form

Deutsche Schule Nairobi
German School Nairobi

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 (medications, food, animals, insect bites, pollen & grasses)	☐	☐	In case of allergies please describe reactions exactly!
Asthma	☐	☐	
Epilepsy	☐	☐	
Diabetes	☐	☐	
Hearing problems / deafness	☐	☐	
Vision problems	☐	☐	
Heart problems	☐	☐	
Tendency to faint	☐	☐	
Movement restrictions	☐	☐	
Rheuma / Juvenile Arthritis	☐	☐	
Hepatitis / HIV	☐	☐	
Premature	☐	☐	
Problems with the bladder	☐	☐	
Problems with digestion	☐	☐	
Migraine	☐	☐	
Language problems	☐	☐	
Has already had surgeries	☐	☐	

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

Phone +254 (0) 733 445685
Email: +254 (0) 721 258417
nurse@germanschool.co.ke
mercy.chege@germanschool.co.ke

Student Health Form

Deutsche Schule Nairobi
German School Nairobi

Please indicate 'Yes' or 'No' for each of the following.

Area of concern	No	Yes	Comments
Developmental delay	☐	☐	
ADHS / Autism	☐	☐	
Depression	☐	☐	
Psychological problems	☐	☐	
Already had sports injuries / fractures	☐	☐	
Other	☐	☐	

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:

Please remember to renew the health form and inform the school nurse if there are any changes regarding the health of your child.

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

Phone +254 (0) 733 445685
Email: +254 (0) 721 258417
nurse@germanschool.co.ke
mercy.chege@germanschool.co.ke

Student Health Form

Deutsche Schule Nairobi
German School Nairobi

Is your child taking any medication regularly at home: ☐ Yes ☐ No

If "Yes" Name: _____

Dosage: _____

Reason: _____

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 (Poliomyelitis)	_____	Measles	_____
Whooping cough (pertussis) P	_____	Mumps M	_____
Diphtheria D	_____	Rubella R	_____
Tetanus T	_____	Meningococcus C	_____
Hib (haemophilus influenzae type B)	_____	Tuberculosis	_____
Hepatitis A (from 10 years, if no immunity)	_____	Rabies	_____
Hepatitis B	_____	COVID 19	_____
Yellow fever	_____		

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**

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

Phone +254 (0) 733 445685
Email: +254 (0) 721 258417
nurse@germanschool.co.ke
mercy.chege@germanschool.co.ke