Mashrek International School

Health Care Policy (External)
Contents

General Health .................................................................................................................................3
Clinic Daily Procedure ...................................................................................................................4
Procedure on Sending Students to the Hospital .................................................................................5
Trips ..................................................................................................................................................6
Medical Records .............................................................................................................................6
Educating the Students ....................................................................................................................7
Informing Parents of School Incidents ...............................................................................................7
First Aid Kits .....................................................................................................................................7
This document is to familiarize yourself with the medication dispensing policies and the clinic forms and procedures for the 2016-2017 school year. With any questions, please contact the School’s Students Affairs Department at studentaffairs@mashrek.edu.jo

General Health

At the beginning of each academic year, medical forms are handed out to new students (Appendix 1). Parents of students with any special cases (allergies, diabetes, epilepsy…) are also advised to send a medical report for any updates of their child’s health situation.

Any health condition and medication specified by parents on the medical form are high-lighted and recorded on the student’s designated file and entered into the school clinic system.

Annual General and Physical Examination

Physical examination and vision screening are only carried out by the school doctor. Height, weight, and head lice are carried out by the nurse.

Head Lice Checking

- Procedure is done twice a year, at the beginning of the academic year and after the winter break (at the beginning of the second semester).
- Positive cases are documented and followed up.
- Head of Department, one of the homeroom teachers and Student Affairs Coordinator are notified.
- Student Affairs Coordinator is the only authorized person to inform parents of infected student by phone only. (Home notes are never to be forwarded to infected students.).
- The whole class with infected student/s will be rechecked after 2 weeks after treatment. If there are still positive cases, follow up is done accordingly.

Vaccination

- Vaccination is only given to Grade 1 students (MMR, OPV, DT) and Grade 10 students (MMR, DT).
- Vaccines are administered only in school by the nurse and under the supervision of the school doctor.

Procedures for Vaccination:

i. A consent letter is forwarded to the parents and collected on or before the stated deadline date. Letters are then attached on each student’s file. (Appendix 2)
ii. Students are given home notes on the same day after the vaccination to notify parents. (Appendix 3)
iii. Administered vaccines are recorded on each student file and entered in the school system.
iv.

Epidemic Vaccination

- An official epidemic notification is sent by the Ministry of Education.
- School sends a memo to inform parents in both forms hard and soft copies.
- Parents are requested to send the forms in hard copies after choosing whether they agree or disagree, and sign on it.
- In case parents disagree they need to accompany the form with a clear note for the reason as well as taking the responsibility for their decision, and sign on it.
- Vaccines are administered by Health practitioners from the Ministry of Health.

Dental Examination

i. Dental checkup is carried on by the School Dentist.
ii. Dental forms are handed out to students after the check up to be forwarded to their parents (Appendix 4). Dental information is also filed in each student’s file.

Clinic Daily Procedure

During the first month of the school, KG and Primary students can visit the clinic accompanied by one of their homeroom teachers when needed, afterwards they are given the responsibility to go alone during mild cases. During accidents or severe cases homeroom teacher is to accompany them.

Hyperthermia, Vomiting and Abdominal Pain

i. Unwell students are checked immediately. If temperature is normal and in good general condition, the student stays in school under observation and follow up. Medication is given according to the case. Students with hypersensitivity to any drugs are recorded from the beginning of the academic year and not given any medication if not approved by parents.
ii. Sick students are sent home or checked by a physician as advised. Parents should come and pick up their child after being informed.

Accidents and Emergency Procedures

- When a student falls and harms his back and/or neck, staff members are not allowed to move the patient.
- Staff members should clear the area from crowds to facilitate the first aid responders.
- **In Case of Head Injury**
  First aid is administered and student will be kept under observation. Hourly monitoring should be done. If there is a suspected possible sign for an Increased Intracranial Pressure (IIP), the student should be transported to the hospital immediately.

- **Suspected Sprain, Strain and Fractures**
  First aid is administered and student is kept for observation. If there is any swelling, tenderness, discoloration, limited movement, and severe pain, First Aid and Students Affairs should be informed for hospital transportation.

- **Cuts and Open Wounds**
  First aid is administered. Dressing and pressure is applied. If there is an active bleeding and needs suturing, the student will be sent to the hospital for further management.

- **Life Threatening Injury**
  A medical emergency plan must be followed.

### Procedure on Sending Students to the Hospital

- If the student suffered an injury inside the school vicinity or in any school related activity outside the vicinity of the school, they are covered by insurance. However, if the injury happened outside of the school, parents will be only notified to take their child for medical help (not covered by the school’s student insurance policy).
- Parent will always have the option of picking their child directly from the school. The Student Affairs Coordinator notifies them to bring the hospital bills to refund their expenses within one week.
- The School is responsible to take students to the hospital in case of an emergency.
- The School will reimburse the parents the medical expenses related to the case given that a medical report from doctor is accompanied by official invoices that are consistent and related to the original nurse report.
- It is the parent’s responsibility to provide transportation in case of face or teeth injuries at all times.

### Summary of cases where it is the parent’s responsibility to transport the student to hospital:

- Face or teeth injuries
- Stitches

### Administration of Medication
i. Students who have allergies to certain drug are documented and entered into the school clinic system.

ii. The medication to be given is prepared and administered only by the nurse.

iii. If parents wish the school nurse to administer medication to their child, they must send a written note to school including all the details (name of the medication, dosage, time to be given, expiry date …etc.)

iv. For students who have daily medication, medication is only submitted by the nurse. Parents need to fill and sign the Administration of Medication Request form (Appendix 7), label the medication and deliver it to the Students Affairs Department which will in turn send it to the clinic.

v. For KG and Primary students, parents are asked for approval in case of a high fever, if the nurse can give Ibuprofen Syrup before they come and get their child.

vi. Routes of administration of medication applied in the clinic are as follows:
   - Orally (by mouth)
   - Locally (applied directly on the skin)
   - Inhalation
   - Rectally (suppositories)

Note: Expiration dates of school medicines are all recorded in the system. The clinic receives an alarm in the system whenever a medicine is expired.

Trips

If a student with a diagnosed disease has a field trip, a consent form should be filled and signed by parents stating they will take full responsibility of their child’s state during the trip (Appendix 8).

If the School Nurse believes the student should not go on the trip then her decision is final and the School Head and Student Affairs Department are informed.

Medical Records

1. Every student has a file and documentation of the student’s general health and disease history are recorded and kept confidential.

2. If a student has graduated or asks to be transferred to a different school, his/ her file will be forwarded to the Student Affairs Department and will be given to the parents along with other records.

3. Medical endorsements are done between the nurses in the primary and middle/high school, but not with the KG nurse.

4. During school activities, school nurses endorse their cases to the nurse responsible for the after school activities.
Educating the Students

Provide health education to students and homeroom teachers, in terms of; healthy meals, healthy habits –washing hands-, how to reduce accidents and body injury.

Informing Parents of School Incidents

Nurses fill in a form when a student visits the clinic for any reason, this form will be sent with the student to be checked by the parents when the student leaves the school. Nevertheless, nurses record the incident on a copybook to be later uploaded to the school clinic system.

During moderate and severe cases, head of school is informed and accordingly parents will be called by the Administrative Assistant at the KG and by Student Affairs for Primary, Middle and Senior School (after the head of school clarifies from the student the reason of the injury).

First Aid Kits

Each bus is provided with a First Aid Kit which is checked every two months by the school nurse.
**HEALTH DECLARATION**

1- Name: ____________________________

2- Date of birth: ______________________

3- Place of birth: _____________________

4- Class: ______________________________

5- Home address and tel numbers
   ____________________________
   ____________________________

   Emergency contact (Name and telephone number):
   ____________________________
   ____________________________

   Email Address: ____________________

6- Blood Group of your child ____________

7- Does your child suffer from any of the following conditions?

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Diabetes</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Hay Fever</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Eczema</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Allergies (If yes, what kind of allergies)</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Other</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

If your child does suffer one of the above conditions, or any others, please list what kind of medication he/she requires.

-----------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------

8- Do you have any objection to the school doctor examining your child? ________________

9- Did your child have any of the following illness?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10- Does your child have any visual or hearing difficulties? Does your child wear classes?  

11- Has your child ever been hospitalized or done any surgeries?  
If so, please describe 

12- Does your child have any behavioural, social, physical, or learning difficulties?  
If so, please describe 

13- Have your child taken all necessary vaccinations:  

14- Any other medical information you would like us to know about your child:  

15- The School is responsible to take students to the hospital in case of an emergency. Parent will always have the option of picking their child directly from the school. It is the parent’s responsibility to provide transportation in case of face or teeth injuries at all times. The School will reimburse the parents the medical expenses related to the case if they transport their child to the hospital, given that a medical report from doctor is accompanied by official invoices that are consistent and related to the original nurse report.

If your child is taking a prescribed course of tablets or medicine and has to take it during school hours, it is necessary that you fill and sign the Administration of Medication Request form, label the medication and deliver it to the Students Affairs Department which will in turn send it to the clinic. Medicine is not to be kept with children.

I, ………………………… parent/guardian of ………………………… confirm that the information given on this form is correct to the best of my knowledge and take full responsibility of the information declared on this form.

Signature: ___________________________  Date: ___________________________
### بيان صحي

<table>
<thead>
<tr>
<th>رقم</th>
<th>الشأن</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>الاسم:</td>
</tr>
<tr>
<td>2</td>
<td>تاريخ الميلاد:</td>
</tr>
<tr>
<td>3</td>
<td>الصف:</td>
</tr>
<tr>
<td>4</td>
<td>مكان الولادة:</td>
</tr>
<tr>
<td>5</td>
<td>رقم اتصال للطواريء (الاسم ورقم الهاتف):</td>
</tr>
<tr>
<td></td>
<td>عنوان و هاتف المنزل:</td>
</tr>
<tr>
<td></td>
<td>البريد الالكتروني:</td>
</tr>
<tr>
<td>6</td>
<td>زمرة دم الطالب:</td>
</tr>
<tr>
<td>7</td>
<td>هل يعاني الطالب من أي من الأمراض التالية؟</td>
</tr>
</tbody>
</table>

#### الراوي

<table>
<thead>
<tr>
<th>الحالة الصحية</th>
<th>لا</th>
<th>نعم</th>
</tr>
</thead>
<tbody>
<tr>
<td>الربو</td>
<td></td>
<td></td>
</tr>
<tr>
<td>مرض السكري</td>
<td></td>
<td></td>
</tr>
<tr>
<td>داء الصرع</td>
<td></td>
<td></td>
</tr>
<tr>
<td>حمى</td>
<td></td>
<td></td>
</tr>
<tr>
<td>مرض السل</td>
<td></td>
<td></td>
</tr>
<tr>
<td>الأكزيما</td>
<td></td>
<td></td>
</tr>
<tr>
<td>حساسية (نوع الحساسية)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>أخرى</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

إذا كان الطالب يعاني من أي من الأمراض المذكورة أعلاه أو غيرها، الرجاء كتابة الدواء الذي يحتاجه.

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

8. هل لديك أي مانع أن تقوم المدرسة بفحص ابنكم/ابنتكم؟
<table>
<thead>
<tr>
<th>المرض</th>
<th>لا</th>
<th>نعم</th>
</tr>
</thead>
<tbody>
<tr>
<td>الحصبة</td>
<td></td>
<td></td>
</tr>
<tr>
<td>التك枋</td>
<td></td>
<td></td>
</tr>
<tr>
<td>الحصبة الألمانية</td>
<td></td>
<td></td>
</tr>
<tr>
<td>جدري</td>
<td></td>
<td></td>
</tr>
<tr>
<td>التهاب الكبد</td>
<td></td>
<td></td>
</tr>
<tr>
<td>سعال ديكي</td>
<td></td>
<td></td>
</tr>
<tr>
<td>أخرية</td>
<td></td>
<td></td>
</tr>
<tr>
<td>سمسم</td>
<td></td>
<td></td>
</tr>
<tr>
<td>سمسم طفلك</td>
<td></td>
<td></td>
</tr>
<tr>
<td>أفداه</td>
<td></td>
<td></td>
</tr>
<tr>
<td>أفداه طفلك</td>
<td></td>
<td></td>
</tr>
<tr>
<td>أخرى</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

هل تعرض الطالب لأي من الأمراض التالية؟

<table>
<thead>
<tr>
<th>السنة</th>
<th>لا</th>
<th>نعم</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td>-----</td>
</tr>
</tbody>
</table>

هل يعاني الطالب من أي مشاكل بصريّة أو سمعية؟ هل يستعمل الطالب نظارة طبية؟

هل تم ادخال الطالب الى المستشفى سابقا أو أجرى أي عملية؟

هل يعاني الطالب من أي مشكلة سلوكية، اجتماعية، جسمانية أو صعوبات تعلم؟

هل تابعت الأسرة جميع التطعيمات الضرورية؟

هل هناك أي معلومات صحية تخص الطالب ترغب في ذكرها:

المدرسة مسؤولة عن اصطحاب الطلاب الى المستشفى في حالة الطوارئ. يحق دائما للأهل اصطحاب الطالب مباشرة من المدرسة. كما أنها مسؤولة الآهل دائما بنقل الطالب الى المستشفى في حال أصابة الوجه أو الأسنان. ستقوم المدرسة بتقديم الدوام المدفوع بالبل حوالة في حال اصطحاب الأهل للطالب الى المستشفى، عند تقديم تقرير طبي يتوافق مع تقرير مرضية المدرسة بالإضافة الى الفواتير.

إذا كان الطالب يأخذ دواء بشكل منتظم وعليه أن يتناوله خلال فترة الدوام، على الأهل في هذه الحالة تقديم نموذج "طلب اعطاء دواء"، وضع اسم الدواء واسم الطالب على الدواء، تسليم الدواء ونموذج قسم شؤون الطلبة الذي يدوره مسؤوله للعملية. يمنع احتفاظ الطلاب بالدواء.

أنا ___________________________________ وال/والدة الطالب/ة، أؤكد صحة المعلومات المذكورة أعلاه ومسؤولية كاملة عن هذه المعلومات.

التوقيع: ____________________________________

التاريخ: __________________________
اهالي طلبة الصف الأول الإبتدائي الكرام،

تحية واحتراماً،

استناداً لكتاب وزارة الصحة، وانسجاماً مع أهدافها للسيطرة والتخلص من الأمراض التي يتطور لها، سيقوم طبيب المدرسة بتطعيم طلاب الصف الأول الأساسي بمدرستنا للمطاعيم التالية:

أرجو التكرم بتعبئة النموذج سواء بالموافقة أو عدمها بعد استشارة طبيب الأطفال وإعادة النموذج مع الطالب في موعد أقصاه يوم الأحد.

اسم الطالب: _______________________

الصف الأول: _______________________

1. مطعوم ثنائي الكبار DT
   أوافق على تطعيم ابني/ ابنتي ☐
   لا أوافق على تطعيم ابني/ ابنتي ☐

2. مطعوم الشلل الفموي OPV
   أوافق على تطعيم ابني/ ابنتي ☐
   لا أوافق على تطعيم ابني/ ابنتي ☐

3. مطعوم الثلاثي الفيروسي MMR
   لا أوافق على تطعيم ابني/ ابنتي ☐
   أوافق على تطعيم ابني/ ابنتي ☐

التوقيع: _______________________

التاريخ: _______________________

ممرضة المدرسة

مدير مدرسة
Dear Grade One Parents,

Kindly note that upon request from the Ministry of Health, the students will be vaccinated with the OPV (polio) vaccine, DT (Diphtheria Tetanus) vaccine and MMR (Measles, Mumps, Rubella-German) vaccine by the School Doctor.

Check with your pediatrician and return this form as soon as possible.

Deadline for returning this form is on

Student’s Name: ________________________ Grade One: ______

1. OPV (Polio) vaccine.
   - [ ] I agree 
   - [ ] I don't agree

2. DT vaccine.
   - [ ] I agree 
   - [ ] I don't agree

3. MMR vaccine.
   - [ ] I agree 
   - [ ] I don't agree

Parent / Guardian’s Signature: ______________ Date: __________

---

School Nurse
(Elementary Department)  
School Principal
Dear Parents/Guardian,

Please be informed that ____________________________ of Grade ______ has received the following vaccination/s today (Date) __________________. Please monitor your child for temperature and pain on the injection site.

- [ ] OPV (Oral Polio Vaccine)
  Nurse’s signature ____________________________

- [ ] DT (Diphtheria Tetanus Vaccine)
  Nurse’s Signature ____________________________

- [ ] MMR (Measles. Mumps, Rubella Vaccines)
  Nurse’s Signature ____________________________

Primary School Nurse
الأهالي الأعزاء،

أرجو العلم أنه تم إعطاء الطالب/ة في الصف في تاريخ في الصف المطعوم/المطاعيم المذكورة أدناه. الرجاء مراقبة حرارة ابنكم/ابنتكم أو أي ألم في مكان التطعيم.

- مطعوم شلل الأطفال

توقيع الممرضة

- مطعوم الدفتيريا والتيبانوس

توقيع الممرضة

- مطعوم الثلاثي الفيروسي (الخصبة، النكاف، الحصبة الألمانية)

توقيع الممرضة

ممرضة المرحلة الابتدائية
Dr. Eman Mahmoud Khalil
Dental Surgery
London – England
Ministry of Health

Date: ------------------------------------------
Name: -----------------------------------------
Class: -----------------------------------------

Dental Care:

Gum Condition: Good  Bad
Occlusion     Good  Bad
Need for Orthodontic  Yes  No

Teeth Condition:

<table>
<thead>
<tr>
<th>87654321</th>
<th>12345678</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EDCBA</td>
</tr>
<tr>
<td></td>
<td>ABCDE</td>
</tr>
</tbody>
</table>

No. of teeth that has cavity:-----------------------

Needs applying fluoride:------------------------

Annual Dental Examination has been carried on. Please follow up on the necessary procedures as soon as possible as there will be a follow up during the second semester.

Signature: -----------------------------------------
Administration of Medication Request

I, ------------------------------------, parent/guardian of ----------------------------- would like to ask the school nurse to administer the following medicine to my child ----------------------------- Grade ------ as per the following details:

- Name of the Medicine -----------------------------------------------
- Dosage -----------------------------------------------
- Time of Administration -----------------------------------------------
- Medicine Expiry Date -----------------------------------------------

Parent’s Signature: --------------------------------- Date: ---------------------------------

Nurse’s Signature: --------------------------------- Date: ---------------------------------

Note: Valid doctor prescription that matches the above information must be verified and attached to this form.
طلب اعطاء دواء

أنا،------------------------------------------------ والد/والدة الطالب/ة------------------------------------------------ أود أن تقوم ممرضة المدرسة بإعطاء الدواء التالي لابني/ابنتي------------------------------------------------ كما هو مفصل أدناه:

اسم الدواء:------------------------------------------------

الجرعة:------------------------------------------------

وقت إعطاء الدواء:------------------------------------------------

تاريخ انتهاء الدواء:------------------------------------------------

توقيع الأهل:------------------------------------------------

التاريخ:------------------------------------------------

توقيع ممرضة المدرسة:------------------------------------------------

التاريخ:------------------------------------------------

ملاحظة: الرجاء ارفاق وصفة طبية موافقة للمعلومات المذكورة أعلاه.
Field Trip Consent Form

I ------------------------------- the parent/guardian of ------------------------------- Grade -------------------------------

take full responsibility of my child by allowing my child to go on the school field trip to

--------------------------- on ------------------------------- for ------------------------------- hours.

(Place) (Date) (No.)

Signature: ------------------------------- Date: -------------------------------
نموذج موافقة للذهاب في رحلة ميدانية

أنا،--------------------------------- والد/والدة--------------------------------- في الصف

تحمل كامل المسؤولية في ذهاب ابني/ابنتي في رحلة المدرسة الميدانية الى ----------------------------- في

تاريخ --------------------- لمدة ------------------- ساعات.

التوقيع:--------------------------------- التاريخ:---------------------------------