

**ISLAMIC PRIMARY SCHOOL  
NOTICE**

**Details Regarding Student's Health History and How to Handle Emergencies**

E/IC/SC/19/7  
2<sup>nd</sup> September, 2019

Dear Parents,

To enable your child to get better medical treatment in case of emergency, we would like you to report your child's health history. Please tick the boxes below if your child has a history of the following diseases.

Our school follows the guidelines from the EDB to ensure students can learn in a safe environment. However, in case students are involved in an accident, the school needs to handle the situation.

After school, you should judge the situation. If it is a minor problem and the student does not need to go to the hospital, the teacher will inform you directly. Both the school and the parent will take the proper action and follow-up. If the student needs to go to the hospital, the school will contact you directly to get your agreement. In the case of an emergency when the school cannot contact you directly, the school will call an ambulance or otherwise send the student to the hospital and inform you later.

The above arrangement is to ensure that students get proper treatment in an emergency.

Yours sincerely,



\_\_\_\_\_  
Ng Sui Lan  
Headmistress



**Reply Slip**

(E/IC/SC/19/7)

**Details Regarding Student's Health History and How to Handle Emergencies**

Dear Headmistress,

**Please ✓**

<b>1.</b> Congenital Heart Disease <input type="checkbox"/>	<b>2.</b> Hemophilia <input type="checkbox"/>	<b>3.</b> Hepatitis A <input type="checkbox"/>	<b>4.</b> Tuberculosis <input type="checkbox"/>	<b>5.</b> Epilepsy (seizures) <input type="checkbox"/>
<b>6.</b> G6PD Deficiency <input type="checkbox"/>	<b>7.</b> Rheumatic Heart Disease <input type="checkbox"/>	<b>8.</b> Thalassemia <input type="checkbox"/>	<b>9.</b> Hepatitis B <input type="checkbox"/>	<b>10.</b> AIDS <input type="checkbox"/>
<b>11.</b> Asthma <input type="checkbox"/>	<b>12.</b> Diabetes <input type="checkbox"/>	<b>13.</b> Other Heart Diseases <input type="checkbox"/>	<b>14.</b> Other Blood Diseases <input type="checkbox"/>	<b>15.</b> Other Liver Diseases <input type="checkbox"/>
<b>16.</b> Other Infectious Diseases <input type="checkbox"/>	<b>17.</b> Kidney Disease <input type="checkbox"/>	<b>18.</b> Hereditary Disorder <input type="checkbox"/>	<b>19.</b> Long Term Medication <input type="checkbox"/>	<b>20.</b> Operations: <input type="checkbox"/>
<b>21.</b> Allergies to Drugs : List the drugs that allergic to: <input type="checkbox"/>		<b>22.</b> Allergies to : <input type="checkbox"/>		<b>23.</b> Other medical conditions: <input type="checkbox"/>

**(Please turn the page → )**



**In case of emergency, I agree that the school should (please tick ✓ ):**

- A.  call an ambulance immediately (a parent MUST go to the hospital)**
- B.  have my child wait for me (a parent) at school and I will handle the situation by myself.**

Parent's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_