

Welcome to the International School of Amsterdam.

The ISA Nurse's Office is happy to provide your child with general health care during the school day. Having adequate and up-to-date information about your child's health is crucial to our ability to provide this care. Therefore, we kindly ask you to complete all the sections of this student health form and to **return it to the ISA Nurse's Office via e-mail (nurse@isa.nl) at least two weeks prior to the beginning of your child's studies**.

Privacy Note: All provided medical information of the student will be input into the school digital files. The digital files are well secured and only staff directly involved have access. The paper work will be stored confidentially in your child's file in the Nurse's Office. The medical information (such as ADHD, asthma, diabetes, etc) will be shared with the teachers, youth health doctor from GGD (Children's Public Health Service) and selected support staff.

* If you disagree with sharing any information regarding your child, please let the Nurse's Office know.

2. MEDICAL INFORMATION AND HEALTH HISTORY

Student Family Name	First Name	
Date of Birth (ex. April 1, 2002) Grade level	Gender	Female Male
Mother/Guardian Family Name	First name	
Mobile number	Office/Home number	
Dutch home address (if available)	E-mail	
Father/Guardian Family Name	First name	
Mobile number	Office/Home number	
Dutch home address (if available)	E-mail	

Secondary contact person (in the Netherlands if available) in case parents cannot be reached.

Secondary contact phone number

Relationship to family

2. MEDICAL INFORMATION AND HEALTH HISTORY

Allergies

Does your child have any known allergies to medications? Please list type of medicine, reactions /symptoms and treatments.

Does your child have any known allergies to any of the following: bee stings, pollen, dust or animals?

Please specify type of allergen and list reactions/symptoms and treatments

Does your child have any food allergies or diet restrictions?

Please list type(s) of food, reactions/symptoms and treatment

Does your child have any <u>other</u> <u>allergies</u>? Please list reactions/ symptoms and treatment

Does your child have a history of severe allergy or anaphylactic reaction? Has he or she been prescribed an Epipen? Please list dosage of Epipen (if applicable)

Please provide two (2) Epipens for your child here at the school; one to keep in the ISA Nurse's Office and one to keep in their homeroom.

Has your child ever required treatment for any of the following conditions?

Asthma

List date of last attack, if there is an inhaler prescribed and what the dosage is (including number of times per day)

Diabetes

List whether Type 1 or 2 and what treatments are to be provided.

Seizures / Epilepsy

List date of last seizure and any treatment

Heart Condition

Please specify type of condition, symptoms and treatment

Bleeding or Endocrine disorders

Please specify type of condition, symptoms and treatment

Migraine/frequent headaches List symptoms and treatment

Eczema/skin condition

Please specify type of condition, symptoms and treatment

Hearing problems/ Frequent ear infections

Please describe difficulties, symptoms and treatment

Vision problems

Indicate whether the child wears glasses/contact lenses, is colour blind or has other vision issues.

Menstrual problems

Symptoms and treatment

Has your child previously had an injury, serious surgery, long hospitalization or other health condition, which could affect school participation? If yes, please explain and indicate whether treatment is still required?

Any other health conditions (i.e. joint or bone problems: e.g. fracture, dislocation; kidney disorder, scoliosis, fainting etc.)? If yes, please explain and indicate whether treatment is still required?

Any motor development difficulties?

Has any physiotherapy treatment been required?

3. Medications

Does your child take prescribed medication, including any inhalers, on a regular basis? Please list medication, purpose and dosage.

It is School Policy that **no student may carry any medication on campus**, for safety reasons. (ISA School Handbook). Under certain circumstances, occasional exceptions may be made, following discussion and agreement with the School Nurse. If required, students may have access at all times to their medication, such as inhalers, from the Nurse's Office.

If your child is prescribed any medication that he/she may require during school hours, please fill in the linked <u>Permission form for Medication</u> (this form can be also found on MyISA) and bring each of the medication/s to the ISA Nurse's Office <u>no later than the first day of school</u>.

The Nurse's Office maintains a stock of over-the-counter medication and students are welcome to visit the Nurse's Office if they require any of these medications during the school day and parental consent has been given.

4. Emotional/ Development/ Behavioral / Mental Health issues

Does your child have language or speech development issues?

Has your child been diagnosed with ADD (Attention Deficit Disorder), ADHD or ASD (PDD-NOS, Asperger, Autism, etc...)? Please specify type of condition and treatment.

Has your child had a significant life event that continues to affect the student's life?

Does he or she have a past history or is currently affected by anxiety, depression, panic attacks, etc...?

5. Immunisations

The ISA Nurse's Office team follows the Dutch immunisation programme. We will need a copy of your child's immunisation records. We check your child's records against the Dutch Immunisation schedule. If something needs to be updated, we would advise you. We ask for permission to contact the RIVM (National Institute for Public Health and the Environment - Ministry of Health, Welfare and Sport) as we liaise with their medical advisor if there is a discrepancy or disparity between schedules. All immunisations provided at ISA are free of charge.

Of course, we would never give any vaccinations without parental consent.

Has your child received all immunizations suitable to his/her age according to your home country regulations?	Up to date Not immu		Not up to date Not sure.
I give authorization for the ISA Nurse's Office to contact the immunization department of the Dutch health ministry (RIVM - rijksinstituut voor volksgezondheid en milieu) regarding the immunisation records of my child.	No	Yes	

Please be aware you will also need to provide your child's immunization records to the Dutch immunization department (Rivm) separately from school. You will receive a notification letter from them, after you have been registered by the city hall (gemeente).

6. General Physical Exam

We require that all our students have a general medical check-up performed by a home doctor or pediatrician prior to enrollment. Please use this link to the Health Assessment Form to be completed by your home doctor/paediatrician.

7. Authorisations

I give consent for my child to receive minor first aid and emergency care at the Nurse's Office and emergency ambulance transportation to the nearest hospital if deemed medically necessary.

I give full consent

No Yes

Oral non-prescription medication permission:

The Nurse's Office maintains a stock of over-the-counter medication and students are welcome to visit the Nurse's Office if they require any of these medications during the school day and parental consent has been given. Common medications include paracetamol, ibuprofen, cough syrup and throat lozenges, betadine (antiseptic), antihistamines (for allergic reactions), cool/warm packs, pain relieving sports gel, topical ointments, non-medicated eye drops, bandages (for minor cuts, scratches or wounds) and otrivin (for runny or stuffy nose).

I give my consent for my child to receive	No	Yes
over-the-counter medication.		

Please note if there are specific over-the-counter medications you do not want your child to take.

- I declare that all information provided in this form is complete and correct to the best of my knowledge.
- I acknowledge that it is my responsibility to inform the ISA Nurse's Office of any changes in my child's health, physical condition, medical needs, etc...

I agree to the above authorisations No Yes

I confirm that relevant medical information can be shared with teachers, youth health doctor and selected support staff as deemed necessary.

No Yes

8. Parent/Guardian Signatures

I understand that entering my name in the parent/guardian signature field constitutes my legal signature and serves as confirmation that the information stated in the form above is correct, including permissions for treatment.

Parent/Guardian Name

Parent/Guardian Name

Date and place

9. Submission Check List

Please send this form to nurse@isa.nl and please check that you have attached:

- a copy of immunisation records

- a health assessment form

- the medication permission form (if necessary)

A staff member from the Nurse's Office will meet with families of student/s with medical conditions.

If you would like to request a meeting with our Nurse's Office to discuss your child/children's health requirements, please check this box:

Check here

Thank you for completing this form,

The Nurse's Office Team.



GGD Amsterdam

Dear ISA Parents,

Below please find a letter from the Children's Health Service department of the GGD. Please contact us if you have any questions.

Sincerely,

The ISA Nurse's Office

Dear Parent/Guardian,

In the Netherlands, the Children's Public Health Service department from the GGD (Community Public Health Service) offers periodical preventive health checks to every child from 0 to 19 years of age. These health checks are provided by a Youth Health Doctor and are offered at the ISA when a child moves to the Netherlands, when they are 5 years of age and again at 11 years of age. The GGD also provides vaccinations according to the RVP (Rijkvaccinatieprogramma, Dutch Immunisation Schedule).

www.rivm.nl/en/Topics/N/National_Immunisation_Programme

At ISA, the Nurse's Office works together with the Youth Health Doctor from GGD to provide the preventive health checks and to offer any required vaccinations (after child's records are compared to the Dutch Immunisation Schedule).

Prior to enrollment at ISA, you were asked to fill in the Student Health Form, to attach the Health Assessment form from your home doctor and a copy of immunization records.

After reviewing this information, the Youth Health Doctor or the School Nurse might invite you for a meeting, if there are any points of interest concerning your child's health and development as recorded on the ISA Student Health Form or if additional vaccinations are required. You and your child will also be invited to the preventive health checks at 5 and 11 years of age (as appropriate).

Relevant medical information from the ISA Student Health form and immunisation records will be shared with the Youth Health Doctor assigned to ISA and will be securely stored in the student's personal digital file of the GGD.

If you object to the storage of your child's medical information on the GGD digital files, please contact the GGD on +31 (0)2 55 55 964.

If you receive any correspondence from the GGD, offering you a Newcomer's check, no further action from you will be needed.

Thanking you in advance.

Yours sincerely,

Youth Health Care Team, GGD Amsterdam Kamillelaan 1K 1187 ER Amstelveen +31 (0)2 55 55 964