



EMIRATES FUTURE INTERNATIONAL ACADEMY

SCHOOL CLINIC

GENERAL GUIDELINES FOR PARENTS

EFIA/ CIR- 012/ 2026-27

Date: 27/04/2026

Dear Parents,

A warm welcome to the new academic year.

Kindly take note of the following important health guidelines for your child's safety and wellbeing:

- The school clinic will provide basic healthcare and first aid support for students during school hours.
- If your child is unwell in the morning, please keep them at home to rest and recover.
- If your child had a fever during the night, even if they seem better in the morning, please administer appropriate care at home and avoid sending them to school until fully recovered.
- Please do not send your child to school if they show signs of a communicable illness such as flu symptoms, skin rashes, or red eyes. Consult a doctor and provide a medical fitness certificate before returning to school.
- If your child is diagnosed with a communicable disease, inform the school nurse immediately.
- If your child becomes unwell at school, the school nurse will contact the parent/guardian and explain the child's condition. If necessary, you will be requested to pick up your child for further care. The child must be collected within one hour of notification.
- If your child requires personal protective equipment (PPE), such as a mask, please ensure it is sent from home and include an extra in their school bag.

ADMINISTRATION OF MEDICATION IN SCHOOL

- Do not send any medication to school without a valid doctor's prescription.
- All medications must be handed directly to the school clinic for safe storage and administration by the nurse. Medications must be in their original container with clear instructions for dosage and administration.
- The school nurse cannot accept medications that are not properly labeled or that have altered instructions not authorized by a licensed physician.

Mandatory Emergency Medications which are available in School Clinic

S NO	MEDICATION	INDICATION	DETAILS
1	Epinephrine (Adrenaline) auto-injector (age-appropriate doses)	First-line treatment for anaphylaxis (severe allergy)	-Rapid intramuscular epinephrine is lifesaving and shall not be delayed. -Recommend stocking at least two Either EpiPen Auto injectors (peds & Adults) or 3 Epinephrin ampules in each school clinic/emergency kit and permitting student's own device to be self-carried if appropriate. or Epinephrin ampules in each school clinic/emergency kit and permitting student's own device to be self-carried if appropriate.
2	Salbutamol /Albuterol) + Spacers	For acute asthma exacerbations/ bronchospasm	-Short-acting bronchodilator inhaler to treat bronchospasm -schools should allow students to self-carry -keep an emergency (spare) inhaler kit (suggest 2inhalers + 2 spacers).
3	Paracetamol/Acetaminophen	Basic analgesic/antipyretic	For short-term relief of fever/pain
4	First aid topical medication e.g. Antihistamine, Hydrocortisone Cream 1%and basic wound care	for minor allergic reactions and first-aid	For minor allergic reactions and first-aid
5	Oral quick-acting glucose (glucose gel/tablets) and Glucagon (nasal or injectable)	Oral glucose gel and tablets can be used with mild and moderate Glucagon is used for severe hypoglycemia.	Glucagon is required when a student cannot take oral glucose in severe hypoglycemia
6	Oxygen therapy	For hypoxia and respiratory distress	Needed in emergency respiratory distress

- All other medications that need to be administered at school must be provided by the parent, along with a valid doctor's prescription and a completed consent form (attached).
- **The Consent to administer medications (emergency or prescribed) and Individualized Health Plans (IHPs) shall be obtained from parents/legal guardians on admission and shall be renewed annually or whenever there is a change in medication administration requirements**
- **The school nurse has the right to refuse to administer a medication based on ethical or professional grounds (e.g., off-label use, questionable prescription), provided the refusal does not compromise a student's immediate safety and a clear alternative plan is in place.**

Saji

Saji Oommen

Principal



SCHOOL CLINIC

PARENTAL/LEGAL GUARDIAN CONSENT TO ADMINISTER PRESCRIBED MEDICATION

Part 1 (completed, signed, and stamped by DoH Licensed Physician)			
Student Name	First	Middle	Last Date of Birth (Day/Month/Year)
			Health condition for which the medication is prescribed: Name of medication:
Dose:		This medication should be continued until: Storage Recommendation:	
Route for administering the medication:			
<input type="checkbox"/> By mouth		<input type="checkbox"/> Injection	
<input type="checkbox"/> Inhalation		<input type="checkbox"/> Topical	
<input type="checkbox"/> Other: (Please specify)			
What time does medication need to be given at school?AM..... PM			
Any precautions that school personnel need to know?		Any contraindications that school personnel need to know?	
What are possible reactions/side effects?		What should be done in the event of reaction/side effect?	
Check appropriate box below:			
<input type="checkbox"/> I authorize this student to self-administer the above medication and will be responsible for any misuse by the student. The student is not allowed to administer the medication to any other students regardless of the circumstance.			
The above medication can only be administered by a School DoH Licensed registered Nurse.			
<ul style="list-style-type: none"> • Parents are required to provide a replacement if the medication is damaged for any reason. • Medication cannot be forced if student refuses after multiple attempts. • Upon the disposal the medication will be returned back to the parents. 			
<ul style="list-style-type: none"> • The medication is verified and will be kept under the nurse's responsibility 		<ul style="list-style-type: none"> • Signature of the treating physician prescribing the medication 	
Name, address, phone number of Healthcare Provider	
<ul style="list-style-type: none"> • *Principal signature: 			
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* For controlled medication

***ALL MEDICAL REPORTS AND RELATED DOCUMENTS SHALL BE SECURELY STORED IN THE STUDENT'S CONFIDENTIAL MEDICAL FILE AT THE SCHOOL CLINIC, WITH ACCESS RESTRICTED TO AUTHORIZED HEALTHCARE STAFF ONLY.**

Part 2 (filled in and signed by parent/legal guardian):

I understand it is my responsibility to directly hand the medication to school in the original pharmacy container labeled To provide child's name, treating physician 's instructions/care plan and any other documentation to assist in the safe administration of the specified medications.

Parent//legal guardian -Full name:

Parent//legal guardian signature: **Date:**