

Approval:	Headmaster	Audience:	Staff, parents
Author:	Headmaster	Review Frequency:	Every 3 years
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Linked Policies:		Health and Safety Policy (inc. Air Quality) Safeguarding Policy Intimate Care Policy Continuous Learning Policy	

Heathfield International School Policy for Managing Student's Health (including infectious diseases and allergies)

1. Policy statement

1.1 It is our intention to be vigilant in relation to the presence of any infectious disease. It is our policy to communicate with parents and, where necessary, medical authorities and to take appropriate measures to minimise any spread of infection.

1.2 We provide care for healthy children and prevent the spread of infections by ensuring high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment. We promote good health through encouraging students to exercise regularly and make healthy food choices.

1.3 The school has installed thermal temperature scanners near the main entrance of the school.

2. Parental responsibilities

2.1 We expect parents to take responsibility for the health of their children by seeking medical advice and keeping them at home if they are generally unwell, have a fever, or are showing symptoms of any illness. Please see Appendix 1 for guidance on recommended length of absence.

2.2 If a child is suffering from any illness, infection or head lice, parents are expected to inform the school as soon as possible.

2.3 Parents are responsible for checking their child's temperature every day before leaving home. Any student with a high temperature (above 37.5 degrees) will not be permitted to enter the school and parents will be requested to collect their child.

3. Procedures for children who become sick or infectious during the school day

3.1 If a student appears unwell during the day – has a fever, general illness or pains, particularly in the head or stomach – the student will be sent to the School Nurse, who may call the parents to collect the child. The student will be kept in the Nurse's room until collected or sent back to class if they recover.

3.2 In the case of a student vomiting or having diarrhoea, a parent **must** collect their child as soon as possible in order to reduce the risk of infection to others. The child will be isolated as much as possible from other students.

3.3 If a student has a fever, they are kept cool, by applying an ice pack. Paracetamol may be administered if parents are unable to arrive quickly and give their permission for medication.

3.4 In extreme cases of emergency, the child will be taken to the nearest hospital and the parent informed.

3.5 Parents are asked to take their child to the doctor before returning them to HISB. The school will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

3.6 Where children have been prescribed antibiotics, parents are expected to keep them at home for 48 hours before returning to HISB.

3.7 After diarrhoea, parents are asked to keep students at home for 48 hours or until a formed stool is passed.

3.8 HISB has a list of excludable diseases and current exclusion times. The full list is attached as Appendix 1 to this policy and includes common childhood illnesses such as measles.

4. Reporting of 'notifiable diseases'

4.1 If a child or adult is diagnosed as suffering from a notifiable disease, (see Appendix 1B) under the Ministry of Health Regulations, then the School Nurse will report this to the Ministry Of Health.

5. COVID-19 virus

5.1 Any student showing symptoms based on the Centre of Disease Control and Prevention (CDC) symptoms list, including fever and cough will be escorted or sent to the Nurse Room until the parent is able to pick them up. It is recommended that they remain home for 5 days or until the symptoms have passed.

6. School/Year Group/Class closures

6.1 When there is an outbreak of an infectious disease, (such as COVID-19, Hand, Foot and Mouth, RSV or Herpangina), the school will seek advice from the Department of Public Health on the most appropriate method for controlling the spread of a disease. The School will notify parents of the outbreak including information on the signs and symptoms and how to reduce the risk of spreading. However, this policy states general guidelines that will be followed.

6.2 In the event of one class having 5 or more confirmed cases of students who are infected with the same infectious disease, HISB **may** close the class for 3-7 days.

6.3 Outbreaks of influenza will be dealt with on a case by case basis. The decision to close a class or year group will be up to the School and will only be used as a means to control the spread. The School may seek guidance from the Department of Public Health.

6.4 The decision to close a year group, an entire phase or the whole school due to infectious disease lies with the Headmaster and will be made once all the information has been made available.

6.5 A class with just one confirmed case of Enterovirus 71 will be closed immediately.

6.6 During the outbreak of some infectious diseases, the school **may** request that the siblings of infected students also remain at home in order to reduce the risk of spreading. Parents will also be advised that infected students should not play with other children outside of school for 3-7 days.

6.7 In the event that a class, year group or school has closed due to the outbreak of an infectious disease, the time lost will not be made up through additional days. The school will modify the curriculum internally to ensure full coverage of the programme.

6.8 It may be necessary to move to online learning in some cases.

7. Cleaning/Sterilising

7.1 All classrooms are cleaned at the end of each school day.

7.2 If a class is closed due to infectious disease then a thorough deep clean of the classroom will take place. This will include washing and sterilising all equipment, bedding, surfaces, floors, door handles etc., as well as all toilet and canteen areas. All doors and windows will be opened to provide the space with sunlight and natural air.

7.3 The school will ensure the swimming pool is cleaned and managed as per the Regulations of the Health Care Department.

7.4 All classrooms have Air Purifier machines in the classroom to improve the quality of air. These are used as an effective means of reducing airborne bacteria and viruses and for reducing PM2.5 in the circulating air.

8. Bodily fluids procedure

8.1 A number of viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

8.2 Single-use vinyl gloves and aprons are worn when changing children's underwear and clothing that are soiled with blood, urine, faeces or vomit.

8.3 Protective rubber gloves are used for cleaning/slucing clothing after changing.

8.4 Soiled clothing is rinsed and bagged for parents to collect.

8.5 Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any clothes used are disposed of with the clinical waste in the Nurse's room.

8.6 Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

8.7 Children do not share toothbrushes. These are returned to parents on a Friday for thorough cleaning.

9. Nits and Headlice

9.1 Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

9.2 On identifying cases of head lice, all parents within a class are informed. Those with infected children are asked to treat their child and all the family.

9.3 If the student has been excluded due to a serious infestation, they must be checked by the Nurse before being readmitted to school.

10. Procedures for children with allergies

10.1 When parents start their children at HISB, they are asked if their child suffers from any known allergies. This is recorded on the Student Medical Record, and the information is passed to the Nurse. This information is then entered into our Information Management System.

10.2 If a child has a serious allergy, which requires medical attention, the student may be requested to bring their own food from home. A risk assessment will also be completed by the Nurse and added to our Information Management System and shall detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review.

10.2 All allergies must be verified by a doctor. A letter from the doctor should be attached to the medical form completed by parents. This will be kept by the School Nurse. Allergies not verified by a doctor will not be entered into the school records.

10.3 All staff are made aware of students with allergies in their class. The information can be accessed via the Information Management System.

10.4 The Nurse will train staff in how to use an Epipen in the event of an allergic reaction.

10.5 In the Early Years canteen, each child with allergies is provided with specially prepared food from the Foodhouse company. Each student's tray is labelled with the child's name, class and a list of the allergies. All of the students with food allergies sit on a separate table to the other students.

9.6 In the Primary School, specially prepared food from the Foodhouse company. Each student's tray is labelled with the child's name, class and a list of the allergies. All of the students with food allergies do not receive food from the normal buffet stations.

10.7 No nuts or nut products are used within HISB.

10.8 Parents are made aware so that no nut or nut products are accidentally brought in, for example during class parties.

10.9 At all times the administration of medication must be compliant with the Safeguarding requirements in place at HISB.

11. Oral medication

11.1 Asthma inhalers are also regarded as 'oral medication'

11.2 Oral medications must be prescribed by a doctor or have manufacturer's instructions clearly written on them.

11.3 The School Nurse must be provided with clear written instructions on how to administer such medication.

11.4 HISB must have the parents or guardians prior written consent (medication authorisation form). This consent will be kept on file by the Nurse.

11.5 The School Nurse will keep an accurate record of the administration of any medicine, which will include dates, times and amounts given.

11.6 Teachers will not administer medication to students. The exception will be the use of an EpiPen or asthma inhaler in the event of an emergency, where the nurse is not present. Teachers will be provided with training on the administration of such emergency medication.

11.7 Students who have been unwell and are still required to take medication should not be at school.

11.8 Students who have been unwell and are still required to take medication are not permitted to attend Educational Visits.

11.9 In cases where students need to take on-going medication then this medication should be handed to a member of staff on duty who will pass this directly to the School Nurse. Parents will be requested to complete a MEDICATION AUTHORISATION FORM which outlines the type of medication, purpose and amount. The medication will be returned directly to the parent.

12. Life saving medication and invasive treatments

12.1 For the use of Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy) HISB must have:

- a letter from the child's doctor/consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent or guardian allowing staff to administer medication.

13. Intimate care (*refer to the Intimate Care Policy*)

13.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do because of their young age, physical difficulties or other special needs.

13.2 Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.

13.3 For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

13.4 For children whose needs are more complex or who need particular support outside of what's covered in the permission form, an intimate care plan will be created in discussion with parents.

13.5 Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

13.6 If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

14. Information management

14.1 All parents will complete a Student Medical Record when enrolling at the School (see Appendix 2)

14.2 All health information will be refreshed annually. The School Nurse will distribute the Medical Record Update Form to parents.

14.3 The School Nurse is responsible for entering and updating the information into the school's Information Management System.

14.4 All staff have access to the information.

14.5 Only the School Nurse and Headmaster have the authorisation to make changes to the information held on file. The Headmaster may assign responsibility to another member of the Leadership Team.

14.6 In the event that a class teacher has a concern or query about a health record or if they receive information about a change in the health status of a child, they should pass this information to the Headteacher to discuss with the School Nurse.

15. Monitoring and review

15.1 The policy is reviewed every three years by the Headmaster who is also responsible for its implementation.

Appendix 1

RASHES AND SKIN INFECTIONS	Recommended period to be kept away from school.	Comments
Athletes Foot	None	Not a serious condition Treatment recommended
Chickenpox	7 days from the onset of rash or until the chickenpox blisters have formed scabs.	Must notify school nurse immediately
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (Rubella)	7 days from onset of rash	Must notify school nurse immediately
Hand-Foot-and-Mouth-Disease	At least 7 days since got diagnosis on medical certification	Must notify school nurse immediately
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash	Must notify school nurse immediately
Ringworm or Tinea	Exclusion not usually required	Treatment is required
Roseola infantum	Until rash or lesion disappear	Treatment is required
Scabies	Until rash or lesion disappear	Must notify school nurse immediately
Scarlet fever	24 hours after complete antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Must notify school nurse immediately
Slapped cheek/fifth disease	Until fever, runny nose and sore throat disappear	Treatment is required
Shingles	Until lesions are crusted and healed	Must notify school nurse immediately
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

DIARRHOEA AND VOMITING ILLNESSES	Recommended period to be kept away from school.	Comments
Diarrhoea and / or vomiting / Cholera	48 hours from last episode of diarrhoea or vomiting	Must notify school nurse immediately and Treatment is required
Typhoid and Paratyphoid (Enteric fever) /Shigellosis Dysentery	Until diarrhoea , fever disappear	Must notify school nurse immediately

RESPIRATORY INFECTIONS	Recommended period to be kept away from school.	Comments
Influenza	At least 7 days since got diagnosis in medical certification	Must notify school nurse immediately
Tuberculosis	Depend on doctor's consideration	Must notify school nurse immediately
Whooping cough* (Pertussis)	7 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Must notify school nurse immediately
Respiratory Syncytial virus (RSV)	At least 7 days since got diagnosis on medical certification	Must notify school nurse immediately
Covid -19	5 days absence or until symptoms have passed	Must notify school nurse immediately

OTHER INFECTIONS	Recommended period to be kept away from school.	Comments
Conjunctivitis by your local HPU (Hemorrhagic Conjunctivitis)	At least 3 days or until fully recovered	

Dengue Fever	7-14 days up on the doctor's consideration	Must notify school nurse immediately
Chikungunya Fever	7-14 days up on the doctor's consideration	Must notify school nurse immediately
Diphtheria	Until recovered	Must notify school nurse immediately
Glandular fever	Until recovered	Must notify school nurse immediately
Head lice	Until recovered and not found louse egg.	Must notify school nurse immediately
Hepatitis A	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice)	MUST notify school immediately
Hepatitis B*, C* HIV/AIDS	None	MUST notify school immediately
Japanese Encephalitis	Until recovered	Must notify school nurse immediately
Malaria	Until recovered (can be up to 10 days)	Must notify school nurse immediately
Meningococcal meningitis	Until recovered	Must notify school nurse immediately
Meningitis* due to other bacteria	Until recovered	Must notify school nurse immediately
Meningitis viral	Until recovered	Must notify school nurse immediately
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread.
Mumps	10 days and no fever and painful	Must notify school nurse immediately
Threadworms	None	Treatment is recommended for the child and household contacts

Tonsillitis	None, unless child is unwell	Treatment is required

Appendix 1B

Announcement of Ministry of Health Regarding the name and the symptoms of the dangerous diseases 2016 (B.E. 2559)

13 Dangerous Diseases

Need to report the finding to police agencies and the Ministry of Health *immediately*.

1. Plague
2. Smallpox
3. Crimean-Congo hemorrhagic fever
4. West Nile Fever
5. Yellow fever
6. Lassa fever
7. Nipah Virus disease
8. Marburg virus disease
9. Ebola virus disease (EVD)
10. Hendra virus disease
11. Severe Acute Respiratory Syndrome (SARS)
12. MERS
13. Extensively drug-resistant tuberculosis (XDR-TB)


56 Surveillance Diseases

Need to report to the Disease control Department, Ministry of Health. Each disease has specific suggestions from the Department of Disease Control, Ministry of Health about the procedures and when an organisation should report an incident to the authority.

1. Lymphogranuloma Venereum / Granuloma Inguinale
2. Health care-associated infection / hospital-acquired infection
3. Meningococcal meningitis
4. Scarlet fever
5. Dengue Fever
6. Chikungunya fever
7. Malaria
8. Pyrexia of unknown origin / Fever of unknown origin
9. Japanese Encephalitis
10. Unspecified encephalitis
11. Avian Influenza
12. Measles
13. Influenza
14. Rubella
15. Enteric fever
16. Enterovirus
17. Diphtheria
18. Mumps

19. Syphilis
20. Tetanus
21. Poliomyelitis
22. Chancroid
23. Trichinosis
24. Liver fluke
25. Melioidosis
26. Eosinophilic meningitis
27. Unspecified meningitis
28. Anogenital Herpes
29. Viral hepatitis A,B, C, D and E
30. Viral conjunctivitis
31. Zika virus disease
32. Streptococcus suis infection
33. Elephantiasis Lymphatic Filariasis
34. Brucellosis
35. Pneumonitis / Pneumonia
36. Rabies
37. Hand Foot and Mouth disease
38. Leprosy
39. Leishmaniasis
40. Leptospirosis
41. Scrub typhus
42. Varicella, Chickenpox
43. Acute Flaccid Paralysis (AFP)
44. Acute diarrhoea
45. Acquired Immunodeficiency Syndrome (AIDS)
46. Anthrax
47. Tuberculosis
48. Hepatitis
49. Gonorrhea
50. Non Gonococcal Urethritis (NGU)
51. Condyloma Acuminata / Venereal Warts
52. Cholera
53. Adverse Event Following Immunization (AEFI)
54. Food poisoning
55. Pertussis
56. Monkeypox

Appendix 2



HEATHFIELD INTERNATIONAL SCHOOL
Student Medical Record

Please attach student photo

1. Student Details ข้อมูลส่วนตัวนักเรียน	
Full Name in English ชื่อภาษาอังกฤษ	Nick Name: ชื่อเล่น
Full Name in Thai (if applicable) ชื่อภาษาไทย	<input type="checkbox"/> Male ชาย <input type="checkbox"/> Female หญิง
Date of Birth: วันเดือนปีเกิด	Age: อายุ
2. Medical Information ข้อมูลการรักษาพยาบาลของนักเรียน	
2.1 Is your child taking any medication? ปัจจุบันบุตรหลานของท่านอยู่รับประทานยาหรือไม่เพื่อรักษาโรคหรือเจ็บป่วยทางการแพทย์อยู่หรือไม่ <input type="checkbox"/> Yes ใช่ <input type="checkbox"/> No ไม่ใช่ If so, kindly provide a detailed list of any medication your child is currently taking or might require, including the type of medication, dosage, frequency, and the reason for its use including any related medical certificate. ถ้าใช่ กรุณาบอกใบรับรองแพทย์และกรณียาที่จะใช้รักษาบุตรหลาน โดยระบุชื่อยา ปริมาณที่ใช้ ความถี่ในการใช้ วันหมดอายุของยาที่ใช้ รวมทั้งระบุใบรับรองแพทย์ที่เกี่ยวข้องด้วย 1. 2. 3.	
2.2 Child Medical History? บุตรหลานของท่านมีประวัติการเจ็บป่วยทางการแพทย์หรือไม่	
<input type="checkbox"/> Yes <input type="checkbox"/> No Any concerns about general health (eating and sleeping habits, weight, etc.)? นักเรียนได้รับคำแนะนำจากคุณครูเกี่ยวกับสุขภาพหรือไม่ (เช่น นิสัยในการรับประทานอาหารและการนอนหลับ น้ำหนักตัว เป็นต้น) <input type="checkbox"/> Yes <input type="checkbox"/> No Any other specific illness or social/emotional or behavioral problems? นักเรียนได้รับการวินิจฉัยว่ามีโรคเฉพาะที่เกี่ยวกับสุขภาพจิตหรือปัญหาสังคม อารมณ์หรือพฤติกรรมหรือไม่? <input type="checkbox"/> Yes <input type="checkbox"/> No Any allergies (food, insects, medication, etc.)? นักเรียนมีประวัติการแพ้ยา แพ้อาหาร แพ้แมลง หรือสิ่งอื่นๆ หรือไม่? <input type="checkbox"/> Yes <input type="checkbox"/> No Any prescription medication (daily or occasionally)? นักเรียนรับประทานยาตามใบสั่งแพทย์หรือไม่ (ทุกวันหรือเป็นครั้งคราว)? <input type="checkbox"/> Yes <input type="checkbox"/> No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)? นักเรียนมีความผิดปกติเกี่ยวกับสายตา หู หรือการพูดหรือไม่? (แว่นตา คอนแทคเลนส์ หูฟัง หรือเครื่องช่วยฟัง เป็นต้น) <input type="checkbox"/> Yes <input type="checkbox"/> No Any significant injury or accident (specify problem)? นักเรียนเคยประสบอุบัติเหตุหรือได้รับบาดเจ็บอย่างรุนแรงหรือไม่? (ระบุรายละเอียด) <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to discuss anything about your child's health with a school nurse? นักเรียนต้องการปรึกษากับพยาบาลประจำโรงเรียนเกี่ยวกับสุขภาพของบุตรหลานของท่านหรือไม่?	

3. Does your child experience any of the following? บุตรหลานของท่านมีอาการต่อไปนี้หรือไม่	
<input type="checkbox"/> Asthma (หอบหืด) <input type="checkbox"/> Hay Fever (ภูมิแพ้) <input type="checkbox"/> Dizziness/ Recurrent Headaches (เวียนศีรษะ/ ปวดศีรษะเรื้อรัง) <input type="checkbox"/> Heat Stroke (โรคลมแดด) <input type="checkbox"/> Vision Impairment (ความผิดปกติของการมองเห็น) <input type="checkbox"/> Travel Sickness (เมา) <input type="checkbox"/> Albumin, Blood, or Sugar in Urine/ Kidney Stone/ Convulsions (ความผิดปกติของปัสสาวะ มีเลือดหรือน้ำตาลในปัสสาวะ/ นิ่วในไต/ ชัก) <input type="checkbox"/> Eczema or Infections (ผื่นผิวหนังอักเสบ/ เชื้อรา) <input type="checkbox"/> Recurrent Nosebleeds (เลือดกำเดาไหลบ่อยครั้ง)	<input type="checkbox"/> Gastro-Intestinal Condition/ Stomach Aches (ความผิดปกติของระบบทางเดินอาหาร/ ปวดท้อง) <input type="checkbox"/> Seizures (โรคลมชัก) <input type="checkbox"/> Muscle, Joint, Back Pain/ Leg Cramps (ความเจ็บปวดของกล้ามเนื้อ ข้อต่อ หรือกล้ามเนื้อ) <input type="checkbox"/> Sun Sensitivity (แพ้แสงแดด) <input type="checkbox"/> Hearing Impairment (ความผิดปกติของการได้ยิน) <input type="checkbox"/> Fainting (ลมเป็นลม) <input type="checkbox"/> Heart Condition (โรคหัวใจ) <input type="checkbox"/> Chlorine Allergy (แพ้คลอรีน) <input type="checkbox"/> Diabetes (โรคเบาหวาน)
In case your child has any medical conditions as stated above or others, please provide the name of the illness, symptoms, treatment records, or the medications currently being used. (กรณีที่มีบุตรหลานของท่านมีปัญหาด้านสุขภาพตามที่ระบุไว้ข้างต้นหรือมีโรคอื่น กรุณาให้ข้อมูลชื่อโรค อาการ ทางการแพทย์หรือยาที่ใช้รักษาอยู่ด้วย)	
4. Please write details about any relevant surgical operations that your child has undergone. กรณีที่มีบุตรหลานของท่านผ่าตัดใดๆ กรุณาบอกรายละเอียดการผ่าตัดทั้งหมด โดยระบุรายการผ่าตัดด้วย	
5. Does your child have any specific dietary preferences as listed below? บุตรหลานของท่านมีข้อกำหนดพิเศษเกี่ยวกับอาหารตามที่ระบุด้านล่างหรือไม่	
<input type="checkbox"/> Vegetarian (รับประทานมังสวิรัติ) <input type="checkbox"/> No Pork (ไม่รับประทานหมู) <input type="checkbox"/> No Chicken (ไม่รับประทานไก่) <input type="checkbox"/> No Milk (ไม่รับประทานนม) Or drink only water/ no sugar (Please specify) (โปรดระบุ)	<input type="checkbox"/> Vegetarian (มังสวิรัติ) <input type="checkbox"/> No Beef (ไม่รับประทานเนื้อวัว) <input type="checkbox"/> No Seafood (ไม่รับประทานสัตว์ทะเล) <input type="checkbox"/> No Yeast (ไม่รับประทานยีสต์) Other Important dietary preference (please specify) โปรดระบุความต้องการพิเศษเกี่ยวกับอาหารเพิ่มเติม
6. Swimming Ability ทักษะการว่ายน้ำ	
Does your child have the ability to swim? บุตรหลานของท่านว่ายน้ำได้หรือไม่ <input type="checkbox"/> Yes ใช่ <input type="checkbox"/> No ไม่ใช่	
Is your child permitted to participate in swimming lessons? บุตรหลานของท่านได้รับอนุญาตให้เรียนว่ายน้ำหรือไม่ <input type="checkbox"/> Yes อนุญาต	<input type="checkbox"/> No ไม่อนุญาต Please attach the related medical certificate กรุณาแนบใบรับรองแพทย์ว่ามีความจำเป็นที่จะเรียนว่ายน้ำ

7. Declaration		
<p>• I hereby allow Heathfield International School to provide first-aid and to procure emergency medical treatment and/ or care as recommended by qualified physicians and/or hospitals for my child should it be deemed necessary by Heathfield International School on behalf of the school. ฉัน hereby อนุญาตให้โรงเรียนนานาชาติฮีธฟิลด์ให้การปฐมพยาบาล คำปรึกษาช่วยเหลือฉุกเฉินและ/หรือดูแลนักเรียนที่ประสบเหตุฉุกเฉินทางการแพทย์</p> <p>• I hereby give permission for my child to take prescribed medication under supervision except for those indicated under allergies. ฉัน hereby อนุญาตให้บุตรหลานของฉันรับประทานยาตามใบสั่งแพทย์ เว้นแต่ยาที่ระบุไว้ภายใต้การแพ้ยา</p> <p>• I undertake to inform the headmaster or the member staff as soon as possible of any change in the medical circumstances, or any other details provided on this form. ฉัน hereby รับผิดชอบที่จะแจ้งให้หัวหน้าโรงเรียนหรือบุคลากรที่เกี่ยวข้องทราบทันทีเมื่อมีความเปลี่ยนแปลงใดๆ เกี่ยวกับข้อมูลสุขภาพและการรักษาพยาบาลที่ฉันได้แจ้งให้ทราบก่อนหน้านี้</p> <p>I hereby declare that the information above is true and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein immediately. I also understand that any false statements or deliberate omissions in the information provided in this form may be grounds for disqualification from enrollment. If such false information is discovered after my child begins attending this school, it could result in the termination of my enrollment, and the school reserves the right to deny any refund.</p> <p>ฉัน hereby ให้ความรู้และเชื่อว่าข้อมูลข้างต้นเป็นความจริงและถูกต้องที่สุดเท่าที่ฉันจะรู้ และฉันจะแจ้งให้โรงเรียนทราบทันทีเมื่อมีความเปลี่ยนแปลงใดๆ เกี่ยวกับข้อมูลสุขภาพและการรักษาพยาบาลที่ฉันได้แจ้งให้ทราบก่อนหน้านี้</p> <p>ฉัน hereby ให้ความรู้และเข้าใจว่า การให้ข้อมูลที่ผิดพลาดหรือไม่จริงในข้อมูลสุขภาพและการรักษาพยาบาลที่ฉันได้แจ้งให้ทราบก่อนหน้านี้ อาจเป็นเหตุให้ฉันถูกตัดสิทธิ์ในการลงทะเบียนเรียนที่โรงเรียนนานาชาติฮีธฟิลด์ได้ และฉันจะเข้าใจว่าหากมีการพบข้อมูลที่ผิดพลาดหลังจากที่ฉันเริ่มเรียนที่โรงเรียนนานาชาติฮีธฟิลด์แล้ว โรงเรียนนานาชาติฮีธฟิลด์มีสิทธิ์ที่จะยุติการลงทะเบียนเรียนของฉัน และโรงเรียนนานาชาติฮีธฟิลด์มีสิทธิ์ที่จะปฏิเสธการคืนเงินค่าเล่าเรียน</p>		
Full Name ชื่อจริง	Signature ลงชื่อ	Date วันที่รับทราบ
Father บิดา		
Mother มารดา		
Caree / Guardian ผู้ปกครอง/ผู้ดูแล		