

LIS Medical Policy

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Introduction

In accordance with our core values, LIS embraces diversity, upholds the principle of equal opportunity, and welcomes students with medical needs. Our aim is to provide a safe and supportive environment for all, to ensure that everyone has the opportunity to achieve her/his full potential. We work towards the shared goal of fully supporting all individuals and have developed this policy for the whole school community.

The Aims of this Policy are to ensure that Members of Staff:

- Understand their duty of care to the children and young people at the school;
- Understand the importance of managing the medical conditions that affect our students;
- Know how to access the information they need to safeguard the health of the children and young people in their care.

The Aims of this Policy are to ensure that Parents/Guardians:

- Understand how they can support the school, in caring for the medical needs of their child;
- Understand which medical information is necessary, with whom it will be shared, on a confidential basis, and why.

Communication and Confidentiality

The sharing of information is vital in safeguarding students and promoting their continuing health and welfare. It enables students to receive the most appropriate care, at the right time.

However, medical information is confidential and will only be shared on a “need-to-know” basis, if there is an emergency and/or to ensure the health and safety of the child or young person. The school receives permission to share information, on this basis, through parental signature of the “Student Health Record” (see Appendix A).

Student Health Examinations

All children in Saxony are required by law¹ to undergo a compulsory health examination (“Einschulungsuntersuchung”) prior to the start of Grade 1, with the aim of identifying and treating any health or developmental issues at an early stage. Parents are required to share with the school any health information that may affect their child at school. Further health screening examinations are recommended during the 2nd or 3rd and 6th Grade.

Procedures in the Case of Short-term Illness

All children are likely to experience illness at some point in the course of their school lives. If a child becomes ill during the school day, they will be sent, or accompanied, to the school nurse who will make an assessment of their condition and care for the child. If deemed necessary, parents/guardians will be contacted and asked to collect their child.

Please note that children who are clearly unwell should be kept at home or they may be sent home by the school nurse, if necessary.

Children should be kept at home until they are well enough to participate fully in all activities, including Physical Education. Anyone who has had vomiting and/or diarrhoea should be kept at home until 48 hours after symptoms have cleared. Advice should be sought from a doctor if there is any uncertainty.

As a guideline, children should not attend school if they have any of the following symptoms:

- Fever/temperature of 100°F/38°C or higher
- Vomiting or diarrhoea in the last 48 hours
- Severe cough and cold symptoms, or sore throat
- Eye redness, irritation, swelling, and discharge
- Unexplained skin rash
- Suspicion of head lice, if not treated.

Home-School Communication and Collaboration

Parents/guardians should telephone the school reception, before 8.15am on the first day of a student’s absence. When the child returns to school, s/he needs to bring a parental letter to the class teacher/form tutor explaining the reason for the absence. In some cases, following an extended period of absence, students may return to school on a reduced programme, with prior agreement with the nurse, counsellor, as appropriate, principal and approval by the managing health care professional.

¹ Schulgesetz für den Freistaat Sachsen: § 26a und §27

Students with plaster casts, crutches, or otherwise impaired mobility can attend school with the approval of the consulting doctor or hospital clinician. Some restrictions on normal activity and relaxation of rules in relation to attendance and/or movement around the school may be made, in the interests of safety.

The law (IfSG² §34) stipulates that in the case of certain “Communicable Diseases” (see Appendix B), a child must not attend school. In addition, parents/guardians are required to report any cases of contagious illnesses to the school. Parents/guardians will be informed by letter (or e-mail), if there is a case of communicable illness in the class of their child, while the identity of the infected child will remain anonymous.

If a child has to stay at home, or needs hospital treatment, due to a transmittable illness, the school must be informed promptly about the diagnosis so that we, together with the local Health Office, can take all required measures to prevent the further spread of the infectious disease.

If a student is returning to school after a hospital admission, arrangements should be made, in advance, to ensure a smooth reintegration process. Open communication is always encouraged between the student, parents/guardians and school staff. If possible and appropriate, a transition meeting with the nurse and class teacher/form tutor should be held, prior to re-entry, to develop a support plan and coordinate arrangements for a smooth transition back to school.

Special arrangements will need to be made, before a student returns to school, having been absent, or in hospital, due to an emotional/psychological/mental health difficulty or condition. In order that the school is able to provide appropriate support, more detailed information from the external managing health care professional will be required (see Appendix C), as well as the involvement of one of our school counsellors.

A collaborative relationship between students, parents/guardians and the school is of the utmost importance. Therefore, we continue to communicate and collaborate with parents/guardians, on medical issues, after students have reached the age of 18.

Examinations and Coursework missed, due to Short-term Illness

Should a student, or a close family member of a student, become ill in the immediate lead-up to, or during, external examinations (IB, IGCSE and Checkpoint), parents/guardians should telephone the relevant Programme Coordinator, as soon as possible, and a doctor’s certificate (Krankenschein) will be required. The Coordinator will explain to parents/guardians how an application for “special consideration” to the relevant examination board will be made.

² IfSG – Infektionsschutzgesetz (www.gesetze-im-internet.de/bundesrecht/ifsg/gesamt.pdf)

There are special requirements, if a student misses an internal deadline for IGCSE coursework, for IB “Internally Assessed” assignments (IAs) or “Externally Assessed” assignments (EAs), due to absence. A doctor’s certificate (Krankenschein) is required to be shown to the subject teacher, on the first day of the student’s return to school. A new deadline will be arranged and the doctor’s certificate should then be passed to the form tutor, for safe-keeping. If appropriate, the relevant Programme Coordinator will be involved. Students, who have missed internal end-of-year examinations or class assessments (tests) due to illness, will generally be required to catch up when they return to school.

Management of Long-term Conditions

Long term medical conditions should not be a barrier to students participating in school activities. The school aims to provide all children with the same opportunities by providing a safe and welcoming environment for all. Where possible, children who have medical conditions will be encouraged to take control of the management of their own needs, and will be supported by teachers and support staff under the guidance of the school nurse and parents/guardians. The use of Individual Health Plans will assist in the support of this practice.

Individual Health Plans (IHPs) will be developed by the school nurse, in collaboration with the parent/guardian (and student where appropriate), for children with complex health needs. These plans give details of the individual’s medical needs at school, and will be shared with the appropriate teachers and support staff. The plan will be reviewed and updated at least once per year, and will need to be updated if there is any change in symptoms, treatment etc. Therefore, it is very important that parents/guardians communicate any changes with the school. Examples of conditions that may require an IHP include:

- Diabetes;
- Severe asthma;
- Epilepsy with rescue medication;
- Severe allergies (anaphylaxis).

Examination Access/Inclusion Arrangements

Students, who have a longer-term medical condition, are eligible for access/inclusion arrangements, if the condition could place them at a disadvantage in examinations. Access/inclusion arrangements seek to redress disadvantages. Applications for these arrangements will require a doctor’s report, containing the diagnosis, as well as specific recommendations for examinations (e.g. 25% additional time, rest breaks).

Medications

Administration

Medication is generally the responsibility of parents/guardians and should, wherever possible, be administered outside school time. There are occasions when children need to take medication while in school, in which case the following guidelines should be followed:

- Short term illnesses
 - **Primary** (up to end of Grade 5):
 - Students are not permitted to carry medication unless prior agreement has been reached between the school nurse and parent/guardian;
 - Medication must be brought to school by the parent/guardian in the original packaging, and clearly labelled with the child's name;
 - The parent/guardian must complete a "Medication Administration Form", available at reception, or from the school nurse (see Appendix D);
 - The medication will be safely stored in the health office, and administered by the nurse at the agreed time;
 - The administration of the medication will be documented, and kept on record, in the student's individual medical file;
 - The medication should be collected at the end of the school-day, or when no longer required, and taken home.
 - **Secondary** (Grades 6-12)
 - Responsibility rests with parents/guardians;
 - Students are permitted to carry and administer their own medication (unless otherwise agreed by the student, parent/guardian and nurse).
- Chronic/long term illnesses
 - Students with long term conditions (e.g. asthma, diabetes) should be encouraged to take responsibility for managing their own condition, including administering medication, as soon as they are deemed old/mature enough; we will fully support this practice;
 - Primary students, with long-term conditions, will be assessed to ensure they are safe to handle their own medication; explanation to this effect will be on the Individual Health Plan (IHP);
 - All students who have long-term conditions have access to medication kept by the nurse at all times, and will know how/where to access this quickly in an emergency situation;
 - For serious conditions that require prescribed medicine (e.g. EpiPens for anaphylaxis), the medicine must be accompanied by a doctor's note, stating the exact instructions (dose, route etc) for

administration; emergency medications will be stored in the health office, but will be accessible to students at any time.

There is a limited supply of non-prescription medicines kept in the health office, which may be administered by the school nurse if deemed necessary. This includes Paracetamol, Ibuprofen, throat lozenges etc. These medications will only be given if the permission slip on the "Student Health Record" has been signed by the parent/guardian. Please note that aspirin preparations will never be given, due to the association with Reye's syndrome.

There is no requirement for teachers, or support staff, to administer medication but there may be exceptions, where an agreement has been reached with prior written consent. It is the duty of care of any adult to assist with the administration of emergency medication - in an emergency.

If a student misuses medication, either her/his own or that of another student, parents/guardians will be informed and the student will be subject to the school's disciplinary procedures.

Storage & disposal

Unless otherwise agreed, individuals' medications will be securely stored in the nurse's office. Medicines should be clearly labelled with the student's name and date of birth, and kept in the original packaging. Expiry dates will be checked once per term, and parents/guardians will be notified when the medication is due to expire. Parents/guardians will be asked to replace medications once they reach their expiry date, and collect medications that are no longer required. Old medications may be taken to a pharmacy for disposal if no longer needed.

Record Keeping

At the admissions stage, parents/guardians are asked to complete a "Student Health Record" (Appendix A), which should highlight any health conditions. Any ongoing or serious health issues will be followed up by the school nurse, and parents/guardians may be asked to provide further details to assist in the development of an Individual Health Plan.

Student Health Records, together with all other medical documentation, are stored securely in a locked cabinet in the Health Office, accessible only by the school nurse. All incidents at school requiring medical treatment are recorded and retained.

Basic student health information is stored in the school's electronic information system, accessible to the student's teachers, the relevant principal and members of the Student Support Services team.

There is a clear procedure in place to ensure that students with specific health needs are 'flagged' on this system, so that the teachers of that student can quickly recognise and identify those individuals.

However, highly confidential/sensitive medical information (for example, information pertaining to emotional/psychological/mental health) is never stored/available in the electronic information system.

A central register of children with medical needs is maintained by the school nurse, and is accessible only to the Student Support Services department. Individual Health Plans will be shared with specified members of staff, in agreement with parents/guardians. All members of staff are required to protect the student's right to confidentiality.

It is the responsibility of parents/guardians to ensure that any changes to address or contact details are updated through the Parent Portal section of the school website.

Emergency Procedures

All members of the teaching staff attend a general first aid training course, every 4 years. In addition to this, teachers/educators who have students in their class with specific medical needs will receive training from the school nurse, at least once per year, or as often as necessary, to ensure that they are prepared for an emergency situation.

In the event of a medical emergency, staff will follow standard first aid procedures, including calling an ambulance if necessary, and will contact the parents/guardians, by telephone, in the first instance. It is, therefore, of the utmost importance that the school has up-to-date contact details so that parents/guardians are always reachable. Accidents at school must be reported by the "first responder" (the staff member first on the scene) using the Accident Form (see Appendix E).

If a student has to visit the hospital/physician, due to an injury sustained during school time, the school nurse must be informed, by parents/guardians completing an Accident Notification Form/Unfallmeldung (see Appendix F) so that the relevant insurance documentation can be processed.

School Trips

First Aid kits will be carried whenever students are taken on off-site visits. All accompanying staff should be aware of students with medical conditions, as well as what to do in an emergency, and may carry additional medication or equipment, as necessary. For all residential field trips, parents/guardians are required to complete a "Medical Declaration and Liability Waiver Form" (see Appendix G), outlining any health needs or special requirements.

References

- “Bundesdatenschutzgesetz (BDSG)”, Bundesministerium der Justiz und für Verbraucherschutz in Zusammenarbeit mit der juris GmbH
- “ Chronisch kranke Schüler im Schulalltag: Empfehlungen zur Unterstützung und Förderung”, Staatsministerium für Kultus, Freistaat Sachsen
- “Gesetz zur Verhütung und Bekämpfung von Infektionskrankheiten beim Menschen (Infektionsschutzgesetz - IfSG)”, Bundesministerium der Justiz und für Verbraucherschutz in Zusammenarbeit mit der juris GmbH
- “Schulgesetz für den Freistaat Sachsen (SchulG)“, Staatsministerium für Kultus, Freistaat Sachsen

APPENDIX A: Student Health Record

Leipzig International School STUDENT HEALTH RECORD

This form must be completed and returned to LIS before the student enters school.

Eine deutsche Version dieses Formulars ist von der Schulkrankenschwester auf Anfrage erhältlich.



Full Name of Student	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Family Physician in Germany	Health Insurance Provider		
Emergency Contact #1	Emergency Contact #2		

MEDICAL HISTORY

1. Please indicate if your child has (had) any of the following conditions/illnesses :			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Fainting episode	<input type="checkbox"/> Migraines	<input type="checkbox"/> Blood borne virus	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Skin Condition	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Emotional/psychological condition	<input type="checkbox"/> Immune Deficiency
Further details, or any other medical/health information you may wish to include:			

2. Does your child have any **allergies**? Yes No

If yes, please give details:

3. Does your child take any regular prescription, or non-prescription Yes No

medication at home?

If yes, please give details:

If medication is to be given at school, please contact the school nurse and complete a 'Medication Administration Form'.

4. Is your child currently receiving any ongoing **treatment** for any medical, Yes No
surgical or psychological condition?

If yes, please give details:

5. Is there any reason why your child cannot fully participate in Physical Yes No
Education or school **sports activities**?

If yes, please give details:

6. Has your child had any previous difficulties with **hearing, speech** or **language development**? Yes No

If yes, please give details:

7. Does your child have any **visual difficulties**? Yes No

If your child uses corrective eyewear, please check. Glasses Contact lenses

8.. Please indicate if your child has (had) any of the following **childhood illnesses**:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> German Measles
(rubella) | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other |

IMMUNISATIONS

9. Please complete the vaccination table below, or submit a copy of the vaccination record.

	Year	Year	Year		Year	Year	Year
Diphtheria				BCG (Tuberculosis)			
Tetanus				Varicella (Chicken Pox)			
Pertussis (Whooping Cough)				Measles, Mumps, Rubella			
HiB (Haemophilus influenza type b)				Human Papillomavirus (HPV)			
Hepatitis B				Hepatitis A			
Polio				Influenza/Grippe			
Pneumococcal Disease				Other:			
Meningococcal Disease							

In the event of an accident or sudden illness at school, first aid will be administered by school staff. All efforts will be made to contact the parents in the first instance.

I understand that all medical information will be securely stored in the Nurses Office, and will only be shared with appropriate staff on a "need-to-know" basis, if there is an emergency and/or to ensure the health and safety of my child. I certify that all contact details and information given is accurate and complete:

Date

Signature of Parents/Guardians

PERMISSION TO RECEIVE NON-PRESCRIPTION MEDICINES

As children sometimes feel unwell at school suffering from headaches, colds, hay fever, menstrual cramps, etc., we have a small supply of non-prescription medicines available (eg paracetamol, ibuprofen) to relieve some symptoms. Please mark the appropriate box below and return it signed.

NOTE: No **aspirin** preparations will be administered.

YES, I authorize the school nurse to administer non-prescription medication as appropriate.

NO, I do not wish my child to be given any medication.

Date

Signature of Parents/Guardians

APPENDIX B: List of Communicable Diseases

PLEASE READ THIS LEAFLET CAREFULLY

Advice for Parents and other Persons having the Care and Custody
in accordance with § 34 para 5 P. 2
Infection Protection Act (IPA)

If your child has an **infectious disease** and attends school or other community establishments to which he or she is now to be admitted, he or she may infect other children, teachers, or caregivers. Furthermore, the defense mechanisms of newborns and children are especially weakened by infectious diseases and he or she might even catch additional **diseases** (with complications) in our establishment.

In order to prevent this, this **leaflet** aims to inform you about your obligations, appropriate measures and **the standard procedure in accordance with the Infection Protection Act**. As a rule, infectious diseases have nothing to do with a lack of cleanliness or carelessness. We therefore kindly request your **frankness and trustful cooperation**.

The law stipulates that your child is not allowed **to attend schools or other community establishments**

1. if he or she has fallen ill with a **serious** infection caused by diseases which are easily transmitted through low bacterial loads. This includes diphtheria, cholera, typhoid fever, diarrhoea through enterohaemorrhagic E. coli (EHEC), shigellae and active lung tuberculosis. These diseases generally occur in Germany only as isolated cases. (The law additionally also mentions viral haemorrhagic fever, the plague and poliomyelitis, but it is highly unlikely that these diseases would be imported and transmitted in Germany)
2. in case of an **infectious childhood disease**, which in individual cases can take a **serious and complicated course**. These are meningitis through Haemophilus influenzae, impetigo contagiosa, pertussis, measles, meningococcal-infections, mumps, scarlet fever, hepatitis A and E (inflammation of the liver - which is here not very common but can be imported from holiday too) chicken-pox
3. in case of **head lice infestation or scabies**, a community establishment can only be attended after successful treatment
4. if your child has, or is suspected of having infectious gastroenteritis and is under six years of age

The modes of transmission of the above listed diseases differ. Many types of diarrhoea and hepatitis A and E are so-called **"hand to mouth infections"**. They are transmitted due to insufficient hand hygiene, through contaminated food, and in rare cases by objects (towels, furniture and toys). Infections such as measles, mumps, chicken-pox and pertussis can be contracted through **droplet spread (e.g. coughing)**. Scabies, lice, and impetigo contagiosa are transmitted by **hair-skin or mucous contacts**. **This explains why** especially

favourable conditions for transmission of the aforementioned diseases prevail in community establishments.

We therefore kindly request you to always obtain the **advice of your general practitioner (GP) or pediatrician** if your child has **seriously fallen ill** with high fever, exhaustion, repeated vomiting, diarrhea lasting longer than one day or other symptoms which cause concern, such as abnormal prolonged coughing or throat pain or lice infestation.

Your doctor will inform you whether your child has or is suspected of having an illness which excludes attendance at the community establishment in accordance with the Infection Protection Act.

If a child has to stay at home or needs hospital treatment, **please inform us promptly** about the diagnosis so that we, together with the local Health Office, can take all **required measures to prevent the further spread** of the infectious disease.

Many infectious diseases can be transmitted for example through droplet spread before **typical symptoms** occur. This means that your child might already have infected children or caregivers around him or her by the time the first symptoms of disease appear. In such a case we have to **inform** the parents of other children of the existence of an infectious disease while keeping the identity of the infected child anonymous.

Sometimes children or adults contract infections without falling sick. In other cases, germs are excreted over an extended period of time in the stool or discharged in droplets in the air. This poses a risk of infection to playmates, class-mates or personnel. The Infection Protection Act therefore stipulates that the “carriers of cholera, diphtheria, typhoid fever, EHEC-, paratyphus- and shigellosis bacteria are allowed to attend the community establishment only on approval of the Health Office.

Also, in case a **family member** contracts a **serious or highly contagious disease**, other members of your household may excrete/discharge these organisms without having fallen ill. In this case too, your child has to stay at home. You get further information by your attending physician or your Health Office whether a “carrier” or a possibly infected child who has not fallen sick is allowed to attend a community establishment. In these two cases you are also required to inform us.

Immunization is available for diphtheria, measles, mumps, (Rubella) polio, (typhoid fever) and hepatitis A. If your child is immune through receipt of a vaccine, the Health Office can immediately lift the prohibition against attendance in individual cases. Please reflect that optimal immunization serves the individual as well as the general public.

Should you have any additional questions please contact your GP, pediatrician or your local Health Office. We would also be happy to be of assistance.

**APPENDIX C: INFORMATION REQUIRED AFTER ABSENCE/HOSPITAL STAY
(emotional/psychological)**



**Return to School Following Absence/ Hospital Stay
(Emotional/Psychological/Psychiatric)**

Dear Parent,

Before a student can return to school, after having been in a hospital/clinic, we require that the doctor concerned completes the following release form. The information sought relates only to the particular health condition that caused the residential stay in hospital.

The signed, stamped and completed form needs to be returned to the school nurse one week before your child can return to school.

Thank you very much for your cooperation, and please note that all information provided will be treated with complete confidentiality.

Student Name: _____

Date of birth: _____

Class: _____

The student named above has been treated for:

- A psychiatric condition
- Substance abuse

Diagnosis: _____

After- care which the student will be receiving: _____

Expected duration of after-care: _____

Are there any limitations that would prevent the student from participating fully in school activities?

- Yes
- No

If "yes", details and expected duration of limitations: _____

On return to school, the following will be required:

- Daily check-in with the Counsellor, for the first 2 weeks
- A weekly appointment with the Counsellor, for the first 2 weeks

After the first 2 weeks, a review meeting will take place.

Is the student taking any medication?

- Yes
- No

If "yes":

Name of medication: _____

Daily dosage: _____

Timing/s of medication: _____

Expected duration of medication: _____

Side-effects which the school should take into account: _____

I declare that the student named above does not present a threat to the health and safety of herself/himself or others, and will be medically fit to return to school from _____ (date) onwards.

Name of Doctor: _____

Doctor's Signature: _____

Date: _____

Official Stamp:

Rückkehr zur Schule nach Krankenhausaufenthalt (emotional/psychologisch/ psychiatrisch)

Entlassung aus medizinischer Pflege

Liebe Eltern,

bevor ein Schüler/Schülerin nach einem Aufenthalt in einem Krankenhaus oder einer Klinik zur Schule zurückkehren kann, benötigen wir ein Entlassungsformular, das der behandelnde Arzt ausgefüllt hat.

Die gewünschte Information soll sich nur auf die spezielle Gesundheitskondition beziehen, die einen stationären Aufenthalt im Krankenhaus notwendig gemacht hat.

Das unterschriebene, gestempelte und vollständig ausgefüllte Formular muss der Schulkrankenschwester eine Woche vor der Rückkehr Ihres Kindes in die Schule ausgehändigt werden.

Vielen Dank für Ihre Kooperation und Sie können versichert sein, dass alle Informationen streng vertraulich behandelt werden.

Name des Schülers/der Schülerin: _____

Geburtsdatum: _____

Klasse: _____

Der oben genannte Schüler/ Die oben genannte Schülerin ist behandelt worden wegen
:

- einer psychiatrischen Kondition
- Drogenmissbrauch

Diagnose: _____

Nachbehandlung, die der Schüler/die Schülerin erhalten wird: _____

Erwartete Zeitdauer der Nachbehandlung: _____

Gibt es irgendwelche Einschränkungen, die den Schüler/die Schülerin daran hindern würden an schulischen Aktivitäten voll teilzunehmen?

- Ja
- Nein

Falls "Ja", Einzelheiten und erwartete Dauer dieser Einschränkungen: _____

Bei Rückkehr zur Schule wird Folgendes erwartet:

- Tägliches Check-in mit dem Counsellor, für die ersten zwei Wochen
- Ein wöchentliches Treffen mit dem Counsellor, für die ersten zwei Wochen

Nach den ersten zwei Wochen wird eine Abschlussprüfung stattfinden.

Nimmt der Schüler/die Schülerin irgendwelche Medikamente?

- Ja
- Nein

Falls "Ja":

Name des

Medikaments: _____

Tägliche

Dosis: _____

Einnahmezeit des

Medikaments: _____

Erwartete Dauer der Einnahme: _____

Nebenwirkungen, die die Schule berücksichtigen

sollte: _____

Hiermit bestätige ich, dass der oben genannte Schüler/ die Schülerin keine Bedrohung weder für die Gesundheit noch die Sicherheit für sich selbst oder andere darstellt und medizinisch gesund ist, um zur Schule vom (Datum) zurückzukehren.

Name des behandelnden Arztes: _____

Unterschrift des Arztes: _____

Datum: _____

Stempel:

APPENDIX E: Accident Form



Accident Report Form

Name of reporting staff member

Date and time of accident

Exact location of accident

Name of injured person

Witnesses of accident

Description of accident:

Type of injury:

First Aid given: Name of First Aider: _____

cool pack

band aid

none

other, please specify:

APPENDIX F: Accident Notification Form



Accident notification

Dear parents,

Your child _____ had an accident at school at _____ (date and time).

Comments:

First aid has been given by LIS personnel. If you believe it is necessary, please take your child to see a doctor and inform the doctor that this was a **SCHOOL ACCIDENT**. There is no need to use your own insurance. We would advise you to take your child's vaccination card (Impfausweis) to the doctor's. Should you consult a doctor we need to be informed so that we can complete the Unfallkasse Sachsen paperwork so that the bill will be paid.

Thank you for letting us know,

The LIS school office

Message back to school office

We have consulted a doctor: _____
(name and address of doctor)

Time spent at doctor's: from _____ to _____

Type of injury: _____

(date)

(parent's signature)

Unfallmeldung

Liebe Eltern,

Ihr Kind _____ hatte am _____ (Tag
und Uhrzeit)

einen Unfall in der Schule.

Bemerkungen:

Erste Hilfe wurde durch das LIS Personal geleistet. Wenn Sie es für notwendig erachten, Ihr Kind einem Arzt vorzustellen, informieren Sie diesen bitte darüber, dass es sich um einen **Schulunfall** handelt. Es besteht keine Notwendigkeit, Ihre eigene Versicherung zu nutzen. Wir empfehlen Ihnen, den Impfausweis Ihres Kindes mitzunehmen. Sollten Sie einen Arzt aufsuchen, informieren Sie bitte die Schule, damit wir die Unterlagen für die Unfallkasse Sachsen zur Kostenübernahme vervollständigen können.

Vielen Dank für Ihre Unterstützung.

Leipzig International School

Rückmeldung an das Schulbüro

Wir haben einen Arzt konsultiert (Name, Anschrift)

von _____ bis _____

Art der Verletzung: _____

(Datum)

(Unterschrift der Eltern)

APPENDIX G: Field Trip Medical Declaration and Liability Waiver Form

Field Trip Medical Declaration

Event:	Grade Camp/Trip
Event Date(s):	
Full name of student:	
Full name of parent/guardian:	
Parent contact phone number(s):	

1. Is there any on-going medication that the student needs to take during the trip?

Muss der/die Schüler/in während der Klassenfahrt Medikamente einnehmen?

Yes

Name and dosage of the medication *Name und Dosis des Medikaments:*

Do you want the trip leader to store and hand out the medication to the student? *Möchten Sie, dass die Medikamente von einem Begleiter aufbewahrt und ausgegeben werden?*

Yes No

No

2. Do the trip leaders have permission to administer the following prescription-free medication to the student? *Haben die Begleiter Ihre Zustimmung, folgende nicht verschreibungspflichtige Medikamente auszugeben?*

- Band aid
- Paracetamol
- Ibuprofen
- Travel sickness tablets
- Other, please specify:

3. Any allergies, medical condition, or diet information the trip leaders should be aware of: *Allergien, Erkrankungen oder Diäten, von denen die Begleiter wissen sollten:*

4. Medical contact details *Medizinische Kontaktdaten*

Name of family doctor:	
Telephone number of family doctor:	
Health Insurance Company:	

5. Declaration by parent/guardian:

I agree to my son/daughter receiving medication as instructed and any emergency treatment, including anaesthetic or blood transfusion, as considered necessary by the dental or medial authorities.

Ich bin damit einverstanden, dass mein Sohn/meine Tochter laut Anweisung medizinisch behandelt wird und im Notfall die von den medizinischen Fachkräften vor Ort als notwendig erachtete ärztliche bzw. zahnärztliche Versorgung erhält, einschließlich Narkose und Bluttransfusion.

6. Declaration by student and parent/guardian:

The student declares his/her intention to participate fully in the event and agrees to follow instructions given by trip leaders during the entire event.

Der/die Schüler/in erklärt sich bereit, an der gesamten Veranstaltung teilzunehmen und verpflichtet sich, während der Gesamtdauer der Veranstaltung den Anweisungen des begleitenden Lehrpersonals Folge zu leisten.

I am aware of the fact that I am responsible for having adequate health insurance for trips abroad.

Es ist mir bekannt, dass ich bei Auslandsreisen selbst für ausreichenden Krankenversicherungsschutz sorgen muss.

The student is aware that he/she may be sent home by the trip leaders in case of misbehaviour. Should such an event occur, their parents/guardians will arrange to have them picked up and/or escorted home and agree to carry any extra costs incurred as a result. In case of an early return the parents/guardians will ensure that their child has a place to stay.

Dem/der Schüler/in ist bewusst, dass bei einer Zuwiderhandlung nach dem Ermessen des begleitenden Lehrpersonals eine vorzeitige Heimreise angeordnet werden kann. Die Eltern/Erziehungsberechtigten holen ihr Kind in diesem Fall ab oder lassen es nach Hause begleiten und tragen alle dabei anfallenden Kosten. Bei vorzeitiger Rückreise sorgen die Eltern/Erziehungsberechtigten für eine Unterbringung ihres Kindes.

The student is responsible for his/her possessions and for his/her own actions. Parents/Guardians will not hold the school or any of the trip leaders liable for any damages suffered by their child during the event. Parents/Guardians are

liable for any claims against their child as a result of their actions during the event.

Der/die Schüler/in ist während der Veranstaltung für sein/ihr Handeln selbst verantwortlich. Das begleitende Lehrpersonal und die Leipzig International School e.V. haften nicht für Personen-, Sach- und Vermögensschäden, die dem Kind im Rahmen im Rahmen der Veranstaltung entstehen. Die Eltern/Erziehungsberechtigten sind für alle Schadenersatzansprüche haftbar, die durch ihr Kind im Rahmen der Veranstaltung verursacht werden.

I have received instruction and information regarding this trip.

Die Anweisungen und Informationen zu dieser Veranstaltung habe ich erhalten.

Date and Signature of Student

Date and Signature of Parent/Guardian

Datum, Unterschrift Schüler/in Datum, Unterschrift Eltern/Erziehungsberechtigte