

**Individual Student Details Report For Primary 1
(For Declaration/Verification by Parent/Legal Guardian)**

NAME: _____

SCHOOL: PEI HWA PRESBYTERIAN PRIMARY SCHOOL

Medical Conditions/ Special Educational Needs/ Immunisation

Please fill in the table below. Please submit a duplicate copy of your child's medical/ psycho-educational report(s) from the attending doctor(s)/ psychologist(s)/ therapist(s), if you have indicated 'YES' to any of the medical conditions/ special educational needs.

MEDICAL CONDITIONS / SPECIAL EDUCATIONAL NEEDS	YES / NO <i>(*Please delete accordingly)</i>	SPECIAL PRECAUTION (PLEASE STATE BELOW IF ANY)
Epilepsy	Yes/No*	
Periodic Loss of Consciousness	Yes/No*	
Heart Condition	Yes/No*	
Ear Disorder	Yes/No*	
Respiratory Disorder e.g. Asthma	Yes/No*	
Allergies e.g. food, medication, insect bites and stings	Yes/No*	
Is your child/ward on regular medication?	Yes/No*	
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?	Yes/No*	
Other relevant medical information	Yes/No*	
Has your child been identified to have special educational needs?	Yes/No*	

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- I submit the **attached medical/ psycho-educational information from the attending doctor(s)/ psychologist(s)/ therapist(s)** concerning my child/ ward which includes details of limitations that he/ she has for activities.
- I hereby authorise teachers/ instructors to obtain medical assistance which they deem necessary should an accident occur.
- I acknowledge that the school may arrange for my child to be assessed by an MOE psychologist, should he/she experience significant learning difficulties even after additional support and/ or intervention. I understand that should the MOE psychologist assess that my child's needs would be better met in a special education school funded by the Government, the Ministry will engage me to discuss the possible educational options for my child.

Immunisation Requirement

Vaccinations against conditions such as poliomyelitis are recommended under the Singapore's National Childhood Immunisation Schedule (NCIS). Vaccinations against measles and diphtheria are compulsory for all children in Singapore under the Infectious Diseases Act (in addition to being part of the NCIS).

A child in Primary 1 who is found to have incomplete dose(s) of either measles, diphtheria or poliomyelitis vaccinations will be vaccinated with any one or more of the following vaccinations by the Health Promotion Board's School Health Services (SHS), unless his/her parent or legal guardian opts out:

1. Tdap for diphtheria, tetanus, and pertussis;
2. MMR for measles, mumps and rubella; and
3. IPV for poliomyelitis.

You are deemed to have consented to have your child vaccinated by the SHS based on the NCIS if you take no further action.

If you DO NOT WISH your child to be vaccinated with the abovementioned vaccinations by the SHS, and wish to make your own arrangements to have your child vaccinated, please log-in at <https://childconsent.hpb.gov.sg> to indicate so.

For more information, you may visit https://www.healthhub.sg/programmes/16/growing_up_strong_healthy, www.nir.hpb.gov.sg or email your queries to HPB_SHC@hpb.gov.sg.

I acknowledge that I have read the section above and all the information provided is correct.

Parent's/ Legal Guardian's Name

Parent's/ Legal Guardian's Signature

Date

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After-School Arrangement

Please tick one box to indicate the main After-School Arrangement in the form below.

- Attending School-based Student Care Centre
- Attending Community-based Student Care Centre
- Other After-School Arrangement (Please select only one)
 - Parent(s) Grandparent(s) Other family members
 - Domestic Helper Others (specify): _____
- No After-School Arrangement

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Parent's/ Legal Guardian's Declaration

I am aware that by signing this document, I consent to the Ministry of Education, the school my child may be enrolled in, and its staff (including Form Teachers, PE teachers, CCA teachers, Year Heads, and other authorised personnel) using the information contained herein for the purposes of:

- (a) updating any student information databases managed by the schools or the Ministry of Education,
- (b) planning and conducting the schools' programmes,
- (c) sending me information on education-related issues and events, and
- (d) making disclosure of all necessary data (including personal data of both my child and I) to other parties to facilitate the provision of services for my child's educational advancement or other purposes beneficial to my child as determined by the Government, unless such sharing is prohibited by law.

Tick (✓) this box if you **do not** wish to receive information on education-related issues and events from the Ministry of Education Headquarters. Please note that Schools may still continue to send you information relating to school programmes and matters.

I confirm that the above information is correct.

Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

For school's use :

The changes to the student information as declared by the parent/legal guardian were updated in the databases on _____ (date)

Name of school staff

Signature of school staff

Date