



SKBZ BANGLADESH ISLAMIA PRIVATE SCHOOL

SICKNESS EXCLUSION POLICY 2026

If the student has a FEVER, DIARRHEA or VOMITING they are not allowed to attend school and may return after 24 to 48 hours from the last episode of diarrhea or vomiting, fever and fever reducing medications. If the students develop the above symptoms while in school, parents will be contacted and required to collect the students immediately.

In case of communicable and infectious diseases or conditions, the school clinic should be notified as per Department of Health and the parent must present a medical certificate that the child is fit to be in the school.

MEDICATION POLICY

Medication prescribed by your family doctor that needs to be given during school day should be administered by the school nurse. The parent is required to hand in the medication with the written prescription from the doctor and sign a specific consent form available in the clinic.

If your child has Asthma, allergies or other chronic conditions requiring the use of inhalers, nebulizers, or other medications, we require such medication to be kept in the clinic that can be given in emergency situations.

GENERAL CONSENT

- My consent involves a general approval of curative or and preventive services that may include first aid, screening for height and weight, vision acuity, vaccination and referral to primary health centers or emergency room when necessary.
- I understand some of that some of the diagnostic results may be reported to the concerned official department (such as DOH, ADEK). In case of refusal please, be informed that no services will be offered unless its an emergency then we should intervene.
- If my son/daughter needed to be transferred to the emergency unit in my absence and the absence of the legal guardian, then I authorize the school administration to transfer him/her to the emergency unit.

By my signature I acknowledge that I have read, understand and agree to the policies and general consent stated above.

Acknowledgment Slip

Name of the Parent	
Signature	
Phone number	
Date	