

MEDICAL INFORMATION & CONSENT FORM

Name of the Child.....

Class & Section.....

Date of Birth.....

Father's Name.....

Contact No. Father Mother.....

Vaccination Record (Xerox copy to be attached)

Blood Group.....

Allergy to any Medicine/Food.....

Any known mental\physical\emotional problem which needs special care

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Any special medical advice the school doctor should follow

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Any physical activity the child is medically unfit to undertake.....

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Name of present medications.....

Dosage.....Route of administration.....

The school should be periodically informed about any medication the child is taking.

I hereby give my consent to the school doctor to provide first aid treatment to my ward in case of any emergency.

Parent's Signature Date.....

To be filled by the Personal Physician

This is to certify that the child is medically fit to join school and participate in all age appropriate activities.

Attestation by the physician (With Stamp).....