Inventure Academy Whitefield-Sarjapur Road Chikkavaderapura Near Dommasandra Circle Bangalore 562 125, India T +91 80 2780 2600 / 2780 2605 / 27822102 extn 25 E admissions@inventure academy.com www.inventureacademy.com



STUDENT HEALTH FORM (To be filled in by the Parent)

Name of Child :					
	(First)	(Midd	dle) (La	(Last)	
Gender :	Male	Female			
Date of Birth :					
Class:			Blood Group:		
Known Allergies (including m	nedicines) :				
Medication / Dosage to be a	dministered :				
Medicines to be stocked at S	school Clinic if any :				
Contact Details in case of er	mergency :				
Name	Relationship to c		hild	Tel - Home & Mobile	
		<u> </u>			
Has your child had any of the following illnesses?					
	When		Remarks		
Chicken pox					
Measles					
Mumps					
Polio					
Tuberculosis					
Immunization Record					
Immunization	Primary		Booster	Date	
BCG					
Polio					
DPT					
Measles					
MMR					
Tetanus Toxoid					
Typhoid					
Hepatitis 'A'					
Hepatitis 'B'					
Varicella Chicken Pox					
Influenza (HIB)					
I Grant permission for the school nurse to administer non-prescription medications like paracetamol, analgesic, anti-pyretic, anti-allergic, antispasmodic and to administer first aid measures till such time as parent/guardian can pick up the child. Inventure Academy will not be held responsible for any complications arising out of lack of information or lack of awareness of preexisting illnesses/allergies.					
Signature:		D	ate:		

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