

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

Name of Child : _____
 (First) (Middle) (Last)

Gender : Male Female

Date of Birth : _____

Class : _____ Blood Group : _____

Known Allergies (including medicines) : _____

Medication / Dosage to be administered : _____

Medicines to be stocked at School Clinic if any : _____

Contact Details in case of emergency :

Name	Relationship to child	Tel - Home & Mobile

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 :

Date :