

AMITY INTERNATIONAL SCHOOL, NOIDA

MEDICAL FORM

[Write in Capital Letters]

Note: Please keep us informed of changes in address and telephone number and also any other information concerning health of your child relevant to his/her care during school hours.

Please affix a recent colour photograph of the child

Admission No. _____

FAMILY INFORMATION:

Last Name of the child

First Name of the child

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Class

Section

Last Name of the father

First Name of the father

Last Name of the mother

First Name of the mother

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>

PHONE NOS.

Res.:

Off.:

Emergency:

<input type="text"/>
<input type="text"/>
<input type="text"/>

MEDICAL INFORMATION:

Blood Group:

Immunization Status: (Attach photocopy of Immunization Card)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> BCG | <input type="checkbox"/> Measles |
| <input type="checkbox"/> OPV | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DPT | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Booster for OPV | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Booster for DPT | <input type="checkbox"/> Any other |

Allergies to medicine and food

<input type="text"/>
<input type="text"/>
<input type="text"/>

Birth History Complication / History of major illness, if any :

<input type="text"/>
<input type="text"/>

Signature of Mother/Guardian

Date : _____

Signature of Father/Guardian

Date : _____

Signature of Family Doctor

Regn. No. _____ Tel.: _____

Date : _____