



K. R. Mangalam Global School

Greater Kailash I, N Block New Delhi – 110048.

Phone: 011 – 29242666, 29242667, 29236733 & 9718858181

MEDICAL FORM

(USE CAPITAL LETTERS ONLY)

Admission No. _____

Important: Please keep us informed of any other information concerning the health of your child relevant to his/her care during school hours.

Affix Student's recent photo here.

STUDENT'S DETAILS

Last Name

First Name

Gender

 Male Female

Date of Birth

Age

Grade

Section

Blood Group

Weight

Height

FAMILY INFORMATION

Last Name of the Mother

First Name of the Mother

Last Name of the Father

First Name of the Father

Mobile

Mobile

RESIDENTIAL ADDRESS

Tel. No.

In- Case of Emergency

Name

Relation

Mobile

Immunization Status (Attach Photocopy of Immunization Card)

G OPV DPT

oster for OPV Booster DPT

asles MMR Typhoid

patitis B Any Oth

1. Can the following medications can be given to your ward, in case of emergency:

- | | | |
|---------------------------------------|-----------------------------|------------------------------|
| a. Paracetamol / Crocin | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Anti – Histamine / Anti – Allergic | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Antacids / Digene | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Non – steroidal anti –inflammatory | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Note
Any medication required by the student during the school hours, must be handed over to the School Nurse by the parent. Medication will be administered by the School Nurse as per the prescription provided by the parent.

Medical Certificate

This is to certify that I _____
have examined _____
of Grade _____ Age _____

and found that he/she is not suffering from any
Chronic/Contagious disease. She / He does
not have any History of major illness.

Doctor's Signature
(Name & Stamp with Regn. No.)

Date _____

Note
This certificate has to be signed by Regd. MBBS Doctor

Mother's Signature

Mother's Name

Date: _____

Father's Signature

Father's Name

Date: _____