

# AMITY INTERNATIONAL SCHOOL, VASUNDHARA

## 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

Gender

Male  Female

Date of Birth

D	M	Y
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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


### PHONE NOS.

Res.:

Off.:

Emergency:


### 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


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


Signature of Mother/Guardian

Date : \_\_\_\_\_

Signature of Father/Guardian

Date : \_\_\_\_\_

Signature of Family Doctor

Regn. No. \_\_\_\_\_ Tel.: \_\_\_\_\_

Date : \_\_\_\_\_