

# AMITY INTERNATIONAL SCHOOL, Belapur

## 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

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 : \_\_\_\_\_