



Annual Health Information Form

Name _____ Group _____

Admission no. _____

Blood Group _____ Rh factor _____

Home Address _____

Contact details:

	Mobile Number	Office Number	Home Number
Mother			
Father			
Emergency Contact * Relationship -			

* In the event of an emergency, if both parents are not contactable on their respective numbers we will inform the emergency contact provided.

Our School is empaneled with Max hospital, Gurgaon.

Personal doctor (if any):

Name: _____

Mobile Telephone: _____ Clinic Telephone: _____

Student Health Information:

1. Any allergy/reaction to food/medicine: Yes/ No

If Yes, specify:

2. Any major illness that the school should be aware of: Yes/ No

If Yes, specify:

3. Any Past Surgery: Yes/ No

If Yes, specify:

4. Is he/she on regular medication: Yes /No

If yes, mention the name and dosage:

Any health related information that you feel should be school records

Any medication to be given to the student while in school must be handed over to the school nurse and the group facilitators with written instructions of the doctor regarding dose and administration.

Medical Permission

I give permission for the School Nurse to administer the medications below without having the need to contact you. (Please tick appropriate box)

AILMENT	MEDICINES	YES	NO
HEADACHE OR MINOR DISCOMFORT	PARACETAMOL / CROCIN / BALM DISPRIN - MIDDLE & SENIOR SCHOOL CHILDREN		
TOPICAL OINTMENT OR SOLUTIONS FOR MINOR WOUNDS, SKIN IRRITATIONS, INSECT BITES AND STINGS	SOFRAMYCIN, BETADINE , BETNOVATE		
MILD SORE THROAT	SUALIN		
HEARTBURN & STOMACH ACIDITY	DIGENE / PUDINHARA		
DEHYDRATION	ELECTRAL / GLUCON - D		
BURNS	SILVEREX AV CANTHARYS OINTMENT		
SPRAINS	VOLINI / RELISPRAY		
STOMACH ACHE	MEFTAL SPASM / PUDINHARA / AJWAIN WITH SALT		

In some cases we also administer symptom specific homeopathic medication advice & sourced from Dr. Vipul Gupta:-

Homoeopathy Medicines:-

AILMENT	MEDICINES	YES	NO
NASAL WATERING WTH SNEEZING	ALLIUM CEPA		
WATERY DIARRHOEA	ALOE		
SKIN ALLERGY, MOSQUITO BITE	APIS		
INJURY MUSCLE, BRUISE WITHOUT BLEEDING	ARNICA		
VOMITTING AND RETCHING	ARSENIC ALBUM		
HEADACHE, EYE PAIN, TOOTHACHE	BELLADONA		
GAS ACIDITY	CARBO VEG		
ABDOMEN PAIN, COLIC	COLOCYNTH		
DRY COUGH, THROAT IRRITATION	DROSERA		
FEVER WITH BODYACHE COLD N FEVER	EUPATORIUM PERF		
LOW GRADE FEVERISH FEELING WITH LOW FEELING	GELSEMIUM		
THROAT PAIN, DIIFICULTY IN SWALLOWING, BOIL	HEPAR SULPH		
NAUSEA, MOTION SICKNESS ON EXCURSION TRIPS	NUX VOMICA		
NASAL BLOCKAGE	PULSATILLA		
FEVER BECAUSE OF EXERTION, MUSCLE PAIN AFTER MATCHES	RHUSTOX		
WHEEZY COUGH WITH BREATHLESSNESS	KALI CARB		
BLEEDING WOUNDS INJURIES, ANTI TETANUS NUS, INJURY FROM SHARP INSTRUMENT	LEDUM PAL		
CHAPPED LIPS, CUTS, WOUNDS	CALENDULA OINTMENT		
MENSTRUAL COLIC	CIMICIFUGA		
EXCESSIVE BLEEDING	MILLIFOLIUM MENSES		
NASAL BLEEDING	HAMAMELIS		

Declaration Form

- While I expect the school authorities to exercise reasonable precautions to avoid injury, I understand that the school has no financial obligation for any injury or illness that may occur during the school schedule.
- I authorise the teacher/nurse to administer medications as described.
- I authorise the teacher/nurse to attain medical treatment and care for any injury or illness that may occur during the school schedule.
- I further consent to emergency treatment of any sort deemed necessary by the first responding medical person (or by any physician designated by proper school authorities) for any illness or injury that may occur during the school schedule and I shall not hold him/her liable in a court of law.
- I understand that in the event of a medical emergency, every effort will be made to notify parents/guardian as soon as possible.

Mother's Name _____ Signature _____

Father's Name _____ Signature _____

Dated:

Please note:-

Request all parents to kindly submit the filled in form with the group facilitator and note that it is the responsibility of the parent / guardian to notify the school Nurse / Class teacher in writing of any changes to the information given in this form.