

INTERNATIONAL SAHAJA PUBLIC SCHOOL, Dharamshala,**Medical Record and Authorisation Form.**

Please delete the inappropriate options. ie. If answer is 'NO', delete 'YES'.

Student's Name: _____ Date Of Birth: _____

Country: _____ Class/ Year: _____ Age: _____

Birth History: Normal / Forceps / Caesarean / Premature / Full Term Delivery. (delete as inapplicable)

Any Congenital Anomaly (Birth Defects): _____

Weight Of the child: _____ **Height** of the child: _____ As on (Date): _____

Vaccinations: Complete / Incomplete. (Please enclose documents) Documents enclosed? YES / NO

Any known Allergies: (delete as inapplicable) (if 'Yes' give details, continue on back of form)

1. Medicines or Drugs. YES / NO _____

2. Food YES / NO _____

3. Others (Dust / Pollen/ Synthetics etc) YES / NO _____

Previous Illnesses / Hospitalisations / Operations (if any) _____

Present Health: (if 'Yes' give details, continue on back of form if necessary)

1. Any regular medication: YES / NO _____

2. Eye Problems: YES / NO _____

3. Do they wear spectacles/contact lens: YES / NO _____

4. ENT (ear/nose/throat) problems: YES / NO _____

5. Skin Problems: YES / NO _____

6. Asthma /Respiratory Problem: YES / NO _____

7. Other Medical Problems (Convulsions -Fits / Fainting /Heart /Psychological problems.). YES / NO

8. Dental Problems: YES / NO _____

9. Do they require braces in this session? YES / NO.

10. If they already have braces, do they require Orthodontic visits every month? YES / NO.

Should our child be sick please call us at these numbers / e-mail addresses. *Please state 'Mother' or 'Father'*

Tel No: a) _____ b) _____

E:mail: a) _____

b) _____

AUTHORIZATION

I / We understand that whilst the School will make all reasonable efforts to contact us in case of medical emergency, this is not always possible. Therefore, I /We authorize the Doctor / Medical Unit of the school to seek medical advice and treatment for the pupil if they believe there to be an emergency and I / We hereby undertake to pay all costs incurred by the school.

Father's Signature _____ Date: _____

Fathers Name: (*In Block Letters*) _____

Mother's Signature: _____ Date: _____

Mother's Name: (*In Block Letters*) _____