



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 empanelled with Artemis 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 DRY COUGH, IRRITATION OF THROAT | COLOCYNTH | | |
| 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.