



PRESIDENCY SCHOOL

A co-educational English Medium School affiliated to CBSE

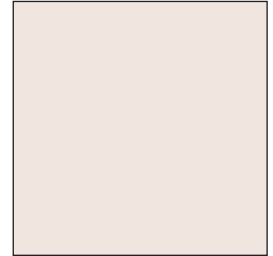
NH-8, P.O. GEGAL, Ajmer (Raj.)

ANNUAL HEALTH RECORD OF THE STUDENT

Admission No: _____

PERSONAL DETAILS

Full Name: _____
Father's Name: _____
Mother's Name: _____
Class & Section : _____
Date of Birth: _____
Student's Blood Group: _____



In Case of Emergency, person to be contacted

Name: _____
Relationship with Student: _____
Address: _____
Telephone No.: _____

Does your ward suffer from any kind of allergy: YES/NO

If yes, please give details:

Medicines Food Respiratory Skin Any Others

Does your ward suffer from any kind of chronic disease eg. Asthma, Diabetes, Others.

If yes name the disease: _____
Duration of the disease: _____
Status of the Disease: _____ Stable _____ Progressive _____ Regressive _____ Cured

MEDICAL DETAILS

Please mention if your ward has undergone any kind of surgery

Is your ward on any kind of regular medication

If yes reason of taking Medicine: _____
Name of the medicine being taken: _____
Dose and Duration: _____
Any special Medical care to be taken: _____

I hear by declare that my ward is:

Fit to participate in all school sports and activities without any restrictions
Fit for limited participation (specify)

Parent's Signature

Doctor's Signature & Seal

NOTE: 1) This form needs to be duly filled by the parent and submitted at the time of admission.

2) Parents need to inform about the child's major health problems during the year.