Chrysalis high

HEALTH INFORMATION FORM

1. Name of the student:_____
(Last Name) (First Name) (Middle Name)

2. Grade_____ 3. Sec:_____ 4. Academic Year_____

5. Date of Joining:_____

6. Father's Name:_____ 7. Mobile No.:_____

8. Mother's Name:_____ 9. Mobile No.:_____

10. Residence No.:_____

If the child is not staying with the parents, please give the details of the local guardian:

11. Guardian's Name:_____ 12. Mobile No.:_____

13. Guardian's Signature _____ 14. Relationship with child:_____

15. If your child has not been immunized as per the age, please mention details.

_____

_____

16. Please tick if the child has any of the following allergies:

☐ Food List Food(s) _____

☐ Medication List Medicine(s)_____

☐ Bee Sting

☐ Other- Please specify _____

17. How does the above mentioned allergies affect the child: (Tick the relevant option given below).

☐ Coughing ☐ Hives ☐ Rash

☐ Difficulty in breathing ☐ Local swelling ☐ Wheezing

☐ Generalized swelling ☐ Nausea ☐ Other

18. Does your child get Seizures? if yes, please specify.

_____

_____

_____

19. Any Other Health Conditions not mentioned above?

_____

_____

_____

20. Is there anything you want to discuss with the school nurse? Y ☐ N ☐ If yes, please explain:

_____

_____

_____

21. Disclaimer:

1. I hereby undertake that the above information furnished by me is true to my knowledge.

2. I will assume the responsibility of notifying the school incase my child is suffering from any contagious disease.

3. In an emergency, the school has my permission to provide treatment to my child from the nearest medical facility, that a physician deems necessary for the well being of my child.

Name of the parent/Guardian:_____Signature_____

Date:_____ Relationship with the child_____