HORIZON SCHOOL OF EXCELLENCE

(A Project of Nehru Sidhant Kender Trust & Shri Gow Rakshni Sabha)
Bhamian Road, Village Kulieawal, Ludhiana

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Tel No: 0161-4051805

STUDENT HEALTH FORM

1	Student's Name	:	Student's Photograph
2	Date of Birth	:	
3	Gender	Male / Female / Any Other	
4	Blood Group	:	
5	Father/Guardian's Name	:	Contact No. :
6	Emergency Contact- Name	:	Phone No. :

Medical Information of Student

(To be certified by a Doctor)

The child has the following medical problems which the school must be aware of : (Tick the appropriate box)

□ Allergy	□ Skin Problem	□ Renal Problem	□ Emotional- Behavioural Problem
□ Frequent Throat Infections	□ Eye Problem	□ Epilepsy	□ Musculoskeletal Problem
□ Ear Infections	□ Hearing Difficulty	□ Diabetes	□ Delayed Milestones
□ Asthma	□ Speech Disorder	□ Heart Lesion	

Details:

i) Is the child on any long term medication , if yes , mention details :

_____

ii) Any significant disease diagnosed in the past :

_____

iii) The child may undertake routine outdoor physical activity: **Yes / No**

If no, kindly give reasons:

_____

iv) Child's Vaccination Record :

Vaccinations		Yes /No	Number of initial /Primary doses	Number of subsequent /Booster doses	Missed Vaccinations which may be given in the near future. Mention : Name of Vaccine & Date of administration
1	BCG				
2	Hepatitis B				
3	DPT-Hib				
4	Polio				
5	Pneumococcal				
6	Measles				
7	MMR				
8	Typhoid				
9	Hepatitis A				
10	Chicken Pox				
11	Rotavirus				
12	Flu				

Date : _____ **Doctor's Seal & Signature**

Medical Aid In School

The medical infirmary in school is equipped to administer first aid to students for minor injuries like bruises.

Parent will be consulted in case their child is in an emergency medical situation.

Please provide the following details in case your child has an emergency health situation:

Preferred Hospital : _____

Location : _____

Name & Contact No. of Preferred doctor : _____

Declaration by Parent

We (including our ward) shall follow all the Covid guidelines and any other precautions/instructions specified by the school authorities from time to time.

Signature of Parent / Guardian Date : _____

Name : _____

Relationship : _____

Contact Number : _____