



Hemnani Public School
Baba Nebhraj School Marg
Lajpat Nagar-I, New Delhi-24

Dated:-April 15, 2023

Dear Parent

Kindly fill all the columns in the medical form. Each and every head is to be filled.

- A. Name of the school
- B. Child identifier detail
- C. In case we need to contact you
- D..Your child's pediatrician
- E. Immunization history
- F. Medication and allergy history
- G. Hospital admission history
- H. Health history
- I. Other general health screening questions
- J. Other health issues

Please tick clearly on the information and if it is not applicable then write N.A.which means not applicable.

Send actual details as this would be preserved by the school in case an emergency situation arrives.

Parents may kindly send a photocopy of the vaccination chart of your ward.

Also send the prescription of any other health issue the child is dealing with .The prescription should be from your family doctor or any doctor whom the child visits during health problems

Kindly mention clearly the correct information about your ward s health.

The box may be used for giving important/special information to the school in detail. For example if the child is having any allergic problem, diabetic, thyroid, breathlessness etc.

Principal