

SAT PAUL MITTAL SCHOOL
STUDENT HEALTH HISTORY (2021 – 22)

Student's Name _____ Gender: M/F _____ Class and Section _____

Mother's Name: _____ Father's Name: _____

Current Age _____ Height _____ Weight _____

If your child has any of the following problems, please supply details. For allergies, specify allergens. In case of any medical history please attach all relevant medical documents and treatment given.

HEALTH PROBLEM	DETAILS
Allergy to any Medicine/Food	
Frequent throat infections	
Asthma	
Neurological Problem	
Epilepsy	
Diabetes	
Frequent Ear Infections	
Hearing Difficulty	
Speech disorder	
Frequent Headaches	
Heart Problem	
Kidney/Urine Problem	
Joint/Muscle Problem	
Skin Problem	
Eye Problem	
Emotional/Behavioral Problem	
Thyroid Problem	
Any other problem	
COVID – 19 Infection	

3. Vaccinations given during the last one year: _____

DECLARATION BY THE PARENT

- I hereby authorize the school to take emergency measures as and when required with reference to my ward, based on details mentioned in the 'Student Health form' as per the school norms.
- The school doctor is authorised to administer medications for acute problems suffered by the child in the school, e.g. fever, vomiting, pain, injury or any other medical emergency.
- The child may be taken to a nearby hospital for treatment / admission in an emergency situation. e.g. major injury, severe illness etc. in consultation with parents as possible.
- I would inform the school authorities about the latest medical problem, the child has been diagnosed with during the current session.
- ❖ **In case the child is on some medication that has to be given at school, I will provide written information including dose of medicine and time of administration along with the medicine. I will inform the class teacher accordingly.**
- ❖ **I understand that, although full care to the best possible extent will be provided to the child in case of emergency, there may be constraints and I will not hold school or staff responsible for any inadvertent complication or mishap.**

Signature of the Guardian/ Parent
 Name.....
 Relationship.....

Date.....