



THE **BRITISH SCHOOL**
New Delhi, India

Annual Health Information form

(Students must send this completed form directly to the Health Room)
Please complete all the sections thoroughly, to enable us to update records.

Name: _____		D.O.B: _____	
Year/Section: _____		Date of Joining School: _____	
Nationality: _____			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Blood Group: _____	Rh Factor: _____
Home Address: _____		Telephone: _____	
Father's Name: _____		Mobile _____	(O) Phone: _____
Mother's Name: _____		Mobile: _____	(O) Phone: _____

Emergency Contact (Someone in Delhi who will assume temporary care of your child if you cannot be reached)	
Name: _____	Relationship: _____
Address: _____	
Home Telephone: _____	Mobile Telephone: _____

Personal doctor (if any) :	
Name: _____	
Mobile Telephone: _____	Clinic Telephone: _____
<i>Our School is empanelled with Ganga Ram Hospital. Please indicate if you would like your child treated else where in case of any emergency:</i>	

Student Health Information:	
1. Any allergy/reaction to food/medicine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Specify: _____	
2. Any past illness:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Specify: _____	
3. Any Past Surgery:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Specify: _____	
4. Is he/she on regular medication:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, mention the name and dosage: _____	

Any medication to be given to the student while in school must be handed over to the school nurse personally with written instructions of the doctor regarding dose and administration.	

ANY ADDITIONAL VACCINATIONS GIVEN IN THE LAST 12 MONTHS	
Type	Date Given