



**ROUND SQUARE EXCHANGE
VIVEK HIGH SCHOOL, INDIA
MEDICAL INFORMATION AND CONSENT FORM**



The following information will help in case of a medical emergency and will also enable the school staff /host parents to understand the health requirement if any of the student.

Student's Name : _____

Date of Birth : _____

School Class/Grade : _____

Passport no : _____

Expiry date : _____

Country of issue : _____

Country of birth : _____

Medical History of Student

Allergies	yes/no	(Specify medicine ,if any)
Asthma	yes /no ever hospitalised	Medication
Epilepsy	yes /no	Medication
Diabetes	yes /no	Medication
	Diet	
Hay fever	yes/no	Medication
Migraines	yes /no	Medication
Period pains	yes/no	Medication

Any skele to-muscular problems

Any recent injury/sprain/broken bones

Any regular or intermittent medication, dose, frequency of usage

Tetnus Toxin injection Yes/no Date

Any special needs

Vegetarian /non vegetarian

Can you swim 50 meters

Emergency contact

Parent's/guardian's name

Mobile

Phone

Address

Email address

Another contact (in case parents cannot be contacted)

Name

Address

Phone

Mobile

Email

List of immunisation vaccination taken so far

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Declaration :

In the event of illness or injury to my child whilst at school ,on an excursion ,or with his/her host family I authorise the Principal of Vivek High School ,a senior staff member or host parent ,where it is impractical to communicate with me first ,to consent to emergency medical procedures deemed necessary by a qualified medical practitioner .

Signature

(Parents)

Date