Trivandrum International School

HEALTH FORM-1

Admission No: TIS / / 2012

Personal Information of the Child seeking Admission:

Surname _____ *First Name* _____ *Middle name* _____

Date of Birth _____ *Gender: Male* ☐ *Female* ☐ *Blood group* _____

Emergency Contact No: _____

Preferred Doctor (if any) _____ *Mobile No:* _____

Sibling(s) at TRINS (Name & Grade) _____ _____

_____ _____

MEDICATION PERMISSION

I give my consent to the School Nurse to administer over the counter medication for the common aliments. I am conscious of the fact that medication rarely may produce unwanted side effects.

Yes ☐ *No* ☐

EMERGENCY PERMISSION

I give my consent for emergency measures to be taken in case of an emergency arising due to an accident/violent injury/medical or surgical emergency with the understanding that I (the father/ the mother/ the guardian of the student) shall be notified/informed as soon as possible. The School will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine/treatment in both emergency situations, though necessary precautions are taken.

Signature of Parent _____ *Date* / /

Trivandrum International School

HEALTH FORM-2

[TO BE FILLED BY THE PARENT]

Admission No: TIS / / 2012

Did your child have any of the following ailments in the past :(tick '√' the appropriate)

Measles	☐	*Diabetes*	☐	*Typhoid*	☐	*Rubella (German measles)*	☐
Malaria	☐	*Chickenpox*	☐	*Mumps*	☐	*Goiter/Thyroid disease*	☐
Allergies	☐	*Jaundice*	☐	*Eczema*	☐	*Epilepsy/Seizures*	☐
Tonsillitis	☐	*Meningitis*	☐	*Poliomyelitis*	☐	*Rheumatic Fever*	☐
Asthma	☐	*Pleurisy*	☐	*Heart Murmurs*	☐	*Discharging ears*	☐
Tuberculosis	☐	*Kidney Stones*	☐	*High blood pressure*	☐	*Bladder or kidney infection*	☐

OTHER SPECIFIC SYSTEMIC ILLNESS (if any): Please give details

_____

_____

NOTE: *If a Child suffers from rheumatic heart disease/bronchial asthma/epilepsy/endocrine disorder/allergy to food, medicines etc., has illness which requires long term medication, please furnish details of the illness giving frequency, severity of disease etc., and a photocopy of the heath records and treatment being administered. This should help the School to understand his/her illness better and should help in better management of the child as and when demand.*
Any other relevant information:

Please check if any relative (parent, siblings, grandparents) have had any of the conditions listed below:

Asthma	☐	*Obesity*	☐	*Kidney disease*	☐	*Heart disease*	☐
High blood pressure	☐	*Bleeding Tendencies*	☐	*Seizures/Epilepsy*	☐	*Diabetes mellitus*	☐
Tuberculosis	☐	*Cancer*	☐	*Psychiatric illness*	☐		

Signature of Parent _____ *Date* / /