



Play school | Pre school | Day care

#82,EPIP Area, Whitefield, Bangalore-560 066.  
E-mail : info@vkids.in  
visit us at www.vkids.in

### MEDICAL FORM

Admission No \_\_\_\_\_

Form. No \_\_\_\_\_

(Use Capital Letters only)

Note : Please Keep us informed of changes in address and also any other information concerning the health of your child relevant to his/her care during school hours.

Affix photo of Child

#### FAMILY INFORMATION

Last Name of the child

First Name of the child

Gender

Date of Birth

Class

Section

Male  Female

DD  MM  YY

Last Name of the Father

First Name of the Father

Last Name of the Mother

First Name of the Mother

#### RESIDENTIAL ADDRESS

#### PHONE Nos.

  
  

Res.:

Off.:

Emergency / Mobile:

#### MEDICAL INFORMATION

Blood Group:

Immunization Status(Attach Photocopy of Immunization Card)

Allergies if any to medicine and food

<input type="checkbox"/> BCG	<input type="checkbox"/> Measles
<input type="checkbox"/> OPV	<input type="checkbox"/> MMR
<input type="checkbox"/> DPT	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Booster for OPV	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Booster for DPT	<input type="checkbox"/> Any other

  
  

Birth History Complication /History of major illness, if any:

  

Signature of Mother/Guardian

Signature of Mother/Guardian

Signature of Mother/Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_