



Family Doctor

Name:

Address:

Pin:

Home Phone: Mobile No.:

E mail ID:

Does your child have any allergies

(food, medications, environment, insects, animals etc.)? Yes No

If "Yes" please explain

Does your child have any physical, emotional or behavioural issues that may interfere with his/her learning?

Yes No

If "Yes" please explain

At home, does your child take a daily medication? Yes No

If "Yes" please explain including name of medication, dosage, route of administration and rationale for administration.

Is there any further information you feel we should know that may help us understand your child?

Any other comments, which might be useful to the school authorities in managing your child's health care:



Medical History

Child's Immunisation History

Age	Recommendation	Dose 1 (d/m/y)	Dose 2 (d/m/y)	Dose 3 (d/m/y)	Dose 4 (d/m/y)	Dose 5 (d/m/y)	Booster (d/m/y)
Birth	BCG Oral Polio Hep. B						
6 Weeks	Oral Polio DPT Hep. B						
10 Weeks	Oral Polio DPT						
14 Weeks	Oral Polio DPT						
6 - 9 Months	Oral Polio Hep. B						
9 Months	Measles						
15 Months	MMR						
18 - 24 Months	Oral Polio + DPT - 1 st Booster						
2 Yrs and 5 Yrs	Typhoid Vaccine						
4 - 4.5 Yrs	Oral Polio DPT - 2 nd Booster						
10 Yrs	TT (Tetanus) - 3 rd Booster Hep. B Booster						

Emergency Contact

In the event, the parents/guardian cannot be reached, the school will call the people listed below: People listed below should be individuals who can 1. Give permission to administer health care, 2. Pick up the child if the child is ill 3. Give advice about caring for your child.

Name:

Address:

Pin:

Contact No.:

Mobile:

E-mail:

Name:

Address:

Pin:

Contact No.:

Mobile:

E-mail:



Mother's/Guardien's Details:

Name:

Residential Address:

Pin:

Contact No.:

Qualification:

Occupation:

Designation:

Office Address:

Pin:

Contact No.:

Mobile:

E-mail:

Medical History:

Monthly Household Income (₹):

< 25,000

25,000 to 50,000

> 50,000

Father's/Guardien's Details:

Name:

Residential Address:

Pin:

Contact No.:

Qualification:

Occupation:

Designation:

Office Address:

Pin:

Contact No.:

Mobile:

E-mail:

Medical History:

Brother's / Sister's Name (if any)	Gender	Date Of Birth	School Attending	Standard	Kidzee Alumni (Y/N)

Other Members in the family:

Name	Gender	Relationship with Child	Date Of Birth



Emergency Permission

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident/violent injury/medical or surgical emergency with the understanding that I (the father/the mother/the guardian of the child) 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 and non-emergency situations, though necessary precautions are taken.

Field Trip Permission

I do hereby allow my child to attend the field trips planned and arranged by the centre and I shall not hold KIDZEE authorities responsible for any mishap during the said trip.

Date:

Place:

Parent's/Guardian's Signature

I/We, parent(s)/guardian(s) of _____ have read the rules, regulations and guidelines applicable in respect of the KIDZEE as given and have understood the same and have thereafter decided to enrol my son/daughter at the school. I/We hereby agree and undertake to abide by all the policies of the KIDZEE and to strictly adhere to all the rules and guidelines as laid down by them.

Verification

I hereby verify that I have read the information included on this form and that the best of my knowledge the information provided by me is complete and correct.

Date:

Place:

Parent's/Guardian's Signature

For office use only

Class details:

Term:

Invoice/Receipt No.:

Timing:

Amount:

Date:

Signature with Seal/Stamp