



STAREX INTERNATIONAL SCHOOL

STUDENT MEDICAL RECORD

Photograph

APPLICATION NO. _____

DAY BOARDING WEEK BOARDING FULL BOARDING

(This form must be completed and submitted in the School Medical Centre when the student enters school. This enables us to maintain a full medical record for your child. Please also provide a copy of your child's immunization record and inform the Medical Centre of any updated vaccination or medical condition.)

Family Name _____ First Name _____

Nationality _____ Date of birth(DD/MM/YYYY) _____ Sex _____ Grade _____

Family Name(Mother) _____ First Name _____

Family Name(Father) _____ First Name _____

Address _____

_____ Phone No. _____

Office Address (Mother) _____

_____ Phone No. _____

Office Address(Father) _____

_____ Phone No. _____

Emergency Contact Person
(When Parents not available) _____

_____ Phone No. _____

Does your child wear? Glasses? Contact Lenses? None

Is your child under medical care?
If yes, give brief details Yes No

Does she/ he routinely take specific medicine?
If yes, Please describe Yes No





Is the child allergic to any drug / medicine?

Please circle below if your child has had any of the following:

Allergies, Asthma, Congenital Abnormalities, Convulsion/Epilepsy, Tuberculosis, Ear Infection, Fainting, Frequent Headaches, Hearing Difficulties, Heart Problems, High/ Low Blood Pressure, Kidney/Urinary Infections, Menstrual Problems, Orthopedic Problems, Rheumatic Fever, Skin Problems, Visual problems.

Please comment on any circled items or any other conditions:

Please state the dates of all immunizations or provide a copy of the immunization record:

					Date	Date	Date	Date
Diphtheria/ Pertussis/ Whooping Cough/ Tetanus(DPT)								
	Date	Date	Date	Date		Date	Date	Date
Diphtheria					Rubella			
Polio					Hep B			
HIB					BCG			
MMR					Whooping cough			
Tetanus					T.B. Skin Test	Positive/ Negative(Please circle one)		
Blood Group								

Parental Consent

1. Medical

I hereby give permission for my child to be given temporary medication by the school medical authorities including Paracetamol (Tylenol or Calpol. Aspirin is not used in School Medical Centre).

2. Emergency Treatment

We understand that all effort will be made to contact the parents first and emergency contact person next, but if none are available then we hereby give permission for emergency measure to be initiated in case of accident or sudden illness.

1. We certify that all information given is correct and complete

2. Name of the Mother: _____ Signature _____ Date: _____

Name of the Father: _____ Signature _____ Date: _____

Name of School Authority: _____

Signature: _____

Date: _____

STAREX INTERNATIONAL SCHOOL

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