

# Greenwood Public School

Sec-9 Gurgaon-122001, Tel: 0124-2255782, 9990395520  
Greenwood Kindergarten, Sec-10A, Gurgaon-122001, Tel: 0124-4140250, 2370232

## HEALTH INFORMATION FORM

(This form is to be completed and deposited at the time of admission)

### TO BE FILLED BY PARENTS IN BLOCK LETTERS

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

(at the time of admission): First Middle Last

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M Blood Group: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_

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Admission No. : \_\_\_\_\_ Class : \_\_\_\_\_ Section : \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ or Names of medical specialist or special clinic caring for your child:

\_\_\_\_\_

Address of Doctor: \_\_\_\_\_ Contact No. \_\_\_\_\_

In case of emergency ( if parent cannot be reached, contact the following:)

Name: \_\_\_\_\_ Complete Phone Number: \_\_\_\_\_

Parents must fill the information carefully, (if any applicable)

#### 1. ALLERGIES:

##### Allergy type:

Food (list food (s)) \_\_\_\_\_

Insect sting (list insect(s)) \_\_\_\_\_

Medication (list medication(s)) \_\_\_\_\_

Other (list) \_\_\_\_\_

Reactions: (Date of last occurrence due to intake of any particular medicine.)

Coughing (Date: \_\_\_\_\_) Hive bite (Date: \_\_\_\_\_) Rash (Date: \_\_\_\_\_)

Difficulty breathing (Date: \_\_\_\_\_) Local swelling (Date: \_\_\_\_\_) Wheezing (Date: \_\_\_\_\_)

Generalized swelling (Date: \_\_\_\_\_) Nausea (Date: \_\_\_\_\_) Other (Date: \_\_\_\_\_)

Mention any currently prescribed medications and treatments: \_\_\_\_\_

#### 2. ASTHMA

Triggers due to Environmental (i.e., tobacco, dust, pets, pollen, etc) (list) \_\_\_\_\_ Other (list) \_\_\_\_\_

Does your child experience asthma symptoms with exercise? No  Yes

Symptom:  Chest tightness,  discomfort, or pain  Difficulty in breathing  Coughing  Wheezing  Other

Currently prescribed medications and treatments: \_\_\_\_\_

Does your child have a vision problem? No  Yes

Does your child have a hearing problem? No  Yes

Please complete: Last medical examination:

Date:	Reason:
Physician:	Findings:
Address:	
Phone No:	

#### PLEASE NOTE :

- 1 Relevant health information should be shared with school personnel. Please contact the official to arrange a meeting to discuss any medical conditions(s) or special healthcare needs.
2. Get your child vaccinated / immunized on time. Also maintain a proper record of the same for future reference. Remember! Precaution is always better than remedy.

Class Teacher \_\_\_\_\_ School Official \_\_\_\_\_

School Medical Incharge \_\_\_\_\_

### \* \* Health Tips \* \*

1. Make sure your child eats breakfast. Breakfast and milk provides children with the energy they need to listen and learn in school.
2. Offer your child a wide variety of foods, such as grains sprouts and beans, vegetables and fruits, and dairy products.
3. Involve your child in planning and preparing meals. Children would be more willing to eat the dishes they help in deciding.
4. Be a role model for your children. If they see you being physically active and having fun, they will follow you and will learn to stay active throughout their lives.
5. Limit your children's TV and computer time. Offer them active options like involving them into activities such as art & craft, dance, music, joining a local recreation center or after-school program, or taking lessons in a sport they enjoy.
6. Remember to give rewards and praise for good behaviour.
7. Understand the difference between rewards and bribes. A reward is something your child receives after he has done something, while a bribe is given beforehand, to try motivate your child to do what you want. Bribes should be avoided.
8. Most importantly, provide your child with a safe environment in which he feels secure and loved.