

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: _____

F

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.