



HEALTH INFORMATION FORM

1. Name of the student: Kollisetty Shresta
(Last Name) (First Name) (Middle Name)
2. Grade 2 3. Sec: _____ 4. Academic Year 2021-2022
5. Father's Name: Rajaram Kollisetty 6. Mobile No.: +91 9686596036
7. Mother's Name: Deepthi Bondada 8. Mobile No.: +91 8861288816
9. Residence No.: _____

If the child is not staying with the parents, please give the details of the local guardian:

- | | |
|--------------------------------|------------------------------------|
| 10. Guardian's Name: _____ | 11. Mobile No.: _____ |
| 12. Guardian's Signature _____ | 13. Relationship with child: _____ |

14. If your child has not been immunized as per the age, please mention details.

15. Please tick if the child has any of the following allergies:

- ☐ Food List Food _____
- ☐ Medication List Medicine(s) _____
- ☐ Bee Sting
- ☐ Other- Please specify _____

16. How does the above mentioned allergies affect the child: (Tick the relevant option given below).

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Hives | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Difficulty in breathing | <input type="checkbox"/> Local swelling | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Generalized swelling | <input type="checkbox"/> Nausea | <input type="checkbox"/> Other |

1. I hereby undertake that the above information furnished by me is true to my knowledge.
2. I will assume the responsibility of notifying the school incase my child is suffering from any contagious disease.
3. In an emergency, the school has my permission to provide treatment to my child from the nearest medical facility, that a physician deems necessary for the well being of my child.

KVV G King

Date: 17/03/2021 Relationship with the child Father

Infirmery visit during the year _____

To be filled by the school nurse

[illegible]