



Vidyalaya

School of Indian Language
Culture and Dharma

Family Details

1. Home

ID	1
Address	7 Oregon Trail Morris Plains, NJ 07950
Phone	973-490-7083

2. Parents

M/F	NAME	EMAIL	WORK	CELL	Call
Father	Arjun Agarwal	arjun@glocon.net		973-476-4714	Yes
Mother	Veena Agarwal	veena@glocon.net		973-476-4715	Yes

3. Children

ID	Gender	NAME	DOB	EMAIL	CELL	2010-11
1360	Boy	Rishi Agarwal	1998-08-04	rishbro@gmail.com		Yes
1361	Boy	Shivam Agarwal	2000-10-24			Yes

4. Registration

Name	Class	Room	Teachers
Rishi	H4	15	Joti Balani, Nupur Mittal, Ruchika Chopra
	C7	20	Vasudha Sharma, Vijay Khadse, Rohini Garg
Shivam	H4	15	Joti Balani, Nupur Mittal, Ruchika Chopra
	C5B	22	Monica Sansi, Sonal Kumar, Swaminathan Nagaraj



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Medical Information Form

This form needs to be completed separately for each registered student

1. Student

ID	Session	First	Last
1360	2011-12	Rishi	Agarwal

2. Emergency Contact (Other than Parents)

Name	Phone (10 digit)	email

3. Providers

Type	Name	Phone (10 digit)
Hospital		
Primary Doctor		
Dentist		

4. Medical Information

Code	Condition	Yes	No
9901	Is the Student under a Physician's care now?	?	?
9902	Does the Student experience frequent chest pains or palpitations?	?	?
9903	Does the Student has a recent history of fatigue or tiredness?	?	?
9904	Is there a history of sudden death by a family member?	?	?

If yes, please provide additional explanation on a separate page

Code	*	Condition	Yes	No
9911	*	Has the Student ever been unconscious due to an injury?	?	?
9912	*	Has your child ever had a fracture or dislocation?	?	?
9913	*	Has your child ever had surgery?	?	?
9914	*	Does your child take prescription drugs?	?	?
9915	*	Does your child have any allergies?	?	?
9916	*	Does your child have sensitivities to any drugs?	?	?
9917	*	Does your child have any other physical problems or restrictions of which Vidyalaya should be aware?	?	?

5. Consent

As the parent of the above named Student, I hereby

1. Confirm that above information is correct and complete
2. Confirm that I have provided all the relevant medical information
3. Understand that there is no Nurse/Medical professional on staff during school session
4. Understand that volunteers at Vidyalaya are not equipped to handle allergies or other Medical situations
5. Give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve life, limb or well-being of my child/dependent.

6. Signature

Name	Date	Signature
Arjun / Veena Agarwal	/2011	