



Passport
size
photograph
of the
child

MEDICAL FORM

Admission no: _____

To complete the admission process, Paradise **Valley Private School** requires that all students:

- a) are appropriately immunized;
- b) have receive a physical examination from a doctor;
- c) And that their parent or guardian has completed this report and submit it to the Schools front office.

Student Information

Name of the child (in block letters) _____ **Blood Group** _____

Class _____ Parent's Full Name _____

Residential Address _____

Phone number _____ (Office) _____ (Residence)
Mobile _____

Person to Notify In Case of an Emergency

Name _____

Relationship with the Child _____

Address _____

Phone number _____ (Office) _____ (Residence)
Cell _____

Medical History

1. HISTORY OF ANY SIGNIFICANT PAST ILLNESS:

2. HISTORY OF ANY DRUG/FOOD ALLERGY:

3. ANY OTHER RELEVANT MEDICAL INFORMATION YOU WOULD LIKE TO SHARE WITH US:

Immunization Record (to be completed by your doctor)

NAME: _____ DATE OF BIRTH: _____

Weight: _____ B/P: _____ Pulse: _____ Respiration: _____

VACCINE	Dates when given
BCG
DPT
POLIO
MEASLES
MMR
MENINGITIS
HEPATITIS B
TYPHOID
HEPATITIS A
CHICKEN POX
VARICELLA (HIB)

Certified that the above particulars are correct to the best of my knowledge

Signature of Doctor (Pediatrician) with seal: _____

Name of Doctor: _____ Reg. No. _____ Date: _____

I / We hereby authorise the School medical staff to use any medicine / medical procedure in the event of any injury / illness to my/ our child. I / We understand that I / We will be informed of any major problem (if any) as soon as possible by the school authorities.

Signature of Parent / Guardian

Date