

MEDICAL ALERT NOTIFICATION

Dear Parent,

- It is only a 'Sound Health' that promotes overall well being of a child. With a view to minimizing reaction time in providing emergency medical assistance to students who require such help it is imperative that the school has data regarding such cases.
- Parents of children with health related issues are requested to furnish the following information regarding the state of health of their wards :
 - i) Nature of ailment.
 - ii) Medication prescribed by Registered Doctor and duly consented by parents for administration of the same by the school in case of emergency.
 - iii) If there is a need to administer medicine during school hours, such medicines to be delivered in a container duly labeled, to the Staff Nurse.
 - iv) Stock for such medicine should not be for more than 15 days.
 - v) Chronic ASTHAMA patients to carry inhalers with doctors written advice for self administration.
- Regular school attendance is necessary for optimal learning. However, a mere presence at school does not ensure effective learning. A child must be feeling well in order to maximize learning experiences. In addition, a child who is sick and comes to school may spread the illness to other students. It is recommended that a child remains at home if any of the following conditions are present.
 - i) Temperature of 100⁰ or higher.
 - ii) Vomiting and/or Diarrhea with a loss of Appetite and/or Fever.
 - iii) Acute pain that requires narcotic medication for relief.
 - iv) Conjunctivitis – Redness of Eyes.
 - v) A rash that is itchy and spreading and of unknown cause.
- Please note, if your ward is a part of SCHOOL SPORTS TEAM, but is suffering from any contagious disease the school Doctor will medically clear the student for participation. No student will be allowed to participate in SPORTS until medically cleared by the School Doctor.
- In the event of a serious accident an emergency service will be arranged at once and the parents will be contacted immediately. A member of the teaching staff, usually Home Room Teacher will accompany the casualty to the Hospital Emergency Department. In less serious cases, parents will be requested to collect their child from the school and arrange for further treatment. **It is important for parents to inform the school of any changes to their emergency contacts and also furnish particulars of the person who will be responsible for their child if parents are out of NOIDA.**
- Wishing all Bal Bharatians to always be in the pink of health.

Asha Prabhakar
(Principal)



BAL BHARATI PUBLIC SCHOOL, NOIDA

Phone : 0120-2534064, 2538533 / e-mail : bbpsnd@yahoo.co.in

Website : http : www/bbpsnoida.com

School health card

GENERAL INFORMATION

<p>Name:</p> <p>Date of Birth :</p> <div data-bbox="354 821 644 1157" style="border: 1px solid black; width: 179px; height: 160px; margin: 10px auto;"></div>	<p>Admission No:</p> <p>Father's Guardian's Name & Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone No. Office:</p> <p>Residence : Mobile:</p>
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(BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION)

Name of the Student M/F Class.....

Date of Birth Blood Group

Father's Name Mother's Name

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT – OPA	4½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father Signature of Mother

A photocopy of immunization record is to be submitted for official record.



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HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

- Does the child have any problem during physical activity

Signature of FatherSignature of Mother.....

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Date of physical examination..... HeightWeight.....

B.P..... Pulse Vision L R.....

Squint..... Conjunctiva..... Cornea.....Ear L..... R.....

Clinical Examination	Normal	Recommendation	Remarks, if any
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition, _____

- Fit to Participate in age specific physical activity _____
- Fit to participate in age specific physical activity with precaution _____
- Should not participate in competitive sport _____

Signature of Doctor

Name of the Doctor.....

SCHOOL HEALTH CARD

Admission No. : Blood Group :

Name : Gender :

Class : D.O.B :

	TERM-I		TERM-II	
General Appearance				
Height (Kg)				
Weight (Kg)				
BMI				
Vision	Rt Eye	Lt Eye	Rt Eye	Lt Eye
Ears	Rt Ear	Lt Ear	Rt Ear	Lt Ear
External				
Middle				
Oral Cavity				
Gums				
Colour				
Teeth Occlusion				
Caries				
Tonsils				
Lymph Nodes				
Pulse				
B.P				
Nails				
Skin				
Systemic Examination				

Note : To be filled in by the School Doctor on joining of the student and subsequently placed in the Dossier File of the student.

