

Email: bbpsnb@balbharati.org Website: https://bbpsneelbad.balbharati.org/ 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 100^{0} 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. <u>No student will be allowed to participate in SPORTS until medically cleared by the School Doctor.</u>
- 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.

(Principal)

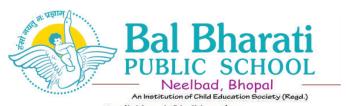


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(BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION)

Name of the Student		M/F	Class
Date of Birth		Blood Group	
Father's Name	Mother'	s Name	
	VACCINAT	<u>IONS</u>	
Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
	At Birth		
Hepatitis B	1 Month		
_	6 Month		
	2 Months		
DPT	3 Months		
	4 Months		
	2 Months		
НВ	3 Months		
	4 Months		
	At Births		
	1 Months		
Oral Polio	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 D	<u>ooses</u>	
Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			
Signature of Father		Signature o	f Mother

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



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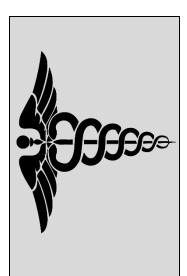
HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy
Does the child have	e any problem during physic	eal activity	
		Ž	
_		_	
TO BE C	ERTIFIED BY A REGIST	ERED MEDICAL PRA	<u>CTITIONER</u>
Date of physical exa	mination	Height	Weight
B.P	Pulse	Vision L	R
	Conjunctiva		
Clinical Examination Head/Neck	on Normal	Recommendation	Remarks, if any
Abdomen			
Surgery			
Serious Illness			
Nails			
C1-:			
Skin			
	t Health Condition,		
	t Health Condition,		
	Health Condition,		
Summary of Current • Fit to Participate in	age specific physical activiting age specific physical activity	tyy with precaution	
• Fit to Participate in	age specific physical activit	tyy with precaution	
• Fit to Participate in • Should not particip	age specific physical activit	tyy with precaution	



HEALTH CARD



Ž	Name			Gender		Mobile No.		Dai	Date of Birth		Blood Group	
<u>こ</u>	CLASS/SECTION											
4	"Physical Examination	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35
	Height (cms.)						V -					
	Weight (Kg.)				7.	015	* *					
	ВМІ				10 8							
	Eyes			V.	5,		4	. * *				
	Dental			6								
	ENT.			4					11			
	Pulse (/min.)			2:		6.8	R		III.			
	BP (mm of Hg)			3						Γ		
ю́	*Systemic Examination"					ZAPPAZ.			M.			
	Doctor's Signature											