



MODERN SCHOOL

CBSE Affiliation no. 2131554

Academic Session: 2018-19

MEDICAL FORM AND INDEMNIFICATION

1. This is to certify that my ward _____ of class _____ is suffering from _____ disease.

2. He / She is allergic to _____ medicine.

3. Blood Group _____

4. He / She is on a permanent treatment for _____.

5. During the day he / she is required to take _____ and _____ medicine while in school.
(please attach photocopy of prescription)

6. Any special instructions to school in terms of any medical treatment.

7. I am responsible for all treatment and medicines he / she is required to take and I indemnify the school in case of any medical problem the child may suffer due to his / her ailment.

Signature: _____

Name of Parent: _____

Address:

Telephone No.: _____

Date: _____

(* If it does not concern you then please write NOT APPLICABLE)