BEDFORD SCHOOL Mohali

PUPIL'S HEALTH INFORMATION FORM

This form is designed to collect important health, medical, and emergency information for the well-being of students. Kindly ensure all details are accurate and updated.

SECTION 1: STUDENT INFORMATION

Full Name: ..... Date of Birth: .....

Date of Birth: ..... Age: .....

Grade/Class: ..... Nationality: .....

Aadhar/Passport Number (if applicable): .....

SECTION 2: PARENT/GUARDIAN INFORMATION

Father's Name: ..... Contact Number: .....

Mother's Name: ..... Contact Number: .....

Guardian's Name: ..... Contact Number: .....

Email: .....

Emergency Contact (if different from parents): .....

SECTION 3: MEDICAL HISTORY

Chronic Illnesses (e.g., Asthma, Diabetes, Epilepsy): .....

Allergies (Food/Drug/Insect bites etc.): .....

Previous Hospitalizations or Surgeries: .....

Ongoing Medical Treatment/Medications: .....

Physical Limitations (sports/activities): .....

Contact
+91 7087421310

Email
contact@bedfordmohali.com

Address
Sector 84, Mohali- Punjab 140308

SECTION 4: IMMUNIZATION RECORD

Routine Childhood Vaccines (MMR, DPT, Polio, Hepatitis B, etc.): .....

Date of Last Tetanus Shot: .....

Any Missing Vaccines: .....

SECTION 5: CURRENT HEALTH STATUS

Height: .....(cm)

Blood Group: .....

Weight: .....(kg)

Vision: .....

Any Special Health Needs: .....

SECTION 6: MEDICATIONS

Regular Medications (Name, Dosage, Frequency): .....

Permission to administer medicines at school:

☐ Yes ☐ No

SECTION 7: EMERGENCY CARE CONSENT

I authorize the school nurse/first aid staff to provide:

☐ Paracetamol ☐ Antihistamines ☐ Other minor first aid treatments

I also consent to the transfer of my child to a hospital in case of emergency.

SECTION 8: DOCTOR'S INFORMATION

Family Doctor's Name: .....

Contact Number: .....

Hospital/Clinic Name: .....

SECTION 9: BEHAVIORAL & EMOTIONAL WELLBEING

Has the child ever been diagnosed with anxiety, depression, ADHD, or any other mental health condition?

☐ Yes ☐ No

If yes, please specify: .....

.....

Is the child currently receiving counseling or therapy?

☐ Yes ☐ No

Any emotional/behavioral concerns the school should be aware of:

.....

.....

Consent for school counselor to meet the child if needed:

☐ Yes ☐ No

SECTION 10: ADDITIONAL INFORMATION

Dietary Restrictions (Vegetarian, Vegan, Allergies, Religious restrictions, etc.):

.....

Special Accommodations (learning needs, physical aids, etc.):

.....

Any other information the school should know:

.....

SECTION 11: DECLARATION & SIGNATURES

I hereby declare that the information provided above is accurate to the best of my knowledge

Parent/Guardian's Signature: ..... Date: .....

School Official's Signature (Acknowledgement): .....