

TIS/CIR/01/25-26

## MEDICAL PROFORMA NURSERY TO XII

02 April 2025

Dear Parents

Good health and well-being of your ward are paramount to us & we tirelessly strive to achieve the same in partnership with you. In continuation to the medical details filled up by you in the Almanac, we request you to fill up the proforma given below to enable us to collect information regarding health issues, if any, of your ward with supervisory/ precautionary instructions of your healthcare professional.

We would like to remind you that students are not permitted any self-medication in the school. In case any medication is to be administered during school hours, kindly handover the prescribed dosage/ medicine (mentioning expiry dates) to the school staff Nurse so that the needful is done under her supervision. Please submit the proforma latest by **Monday**, **07** April **2025 to the Class teacher**.

Warm regards

PRI	allika Preman) INCIPAL		
	5/CIR/01/25-26	MEDICAL PROFORMA NURSERY TO XII	02 April 2025
Nar	me of the Student:	Class & S	Sec
Med	dical History:		
1)	Brief detail of the medical pro	bblem:	
2)	Chronic/Acute:		
3)	If any allergy, give details:		
4)	Prescribed medicine with do	sage	
5)	Instructions for administration	n of medicine	
6)	Doctor's Name & Phone No.		
	declare that the information furn ding by the details submitted b	nished above is true and I shall not hold the schoo y me.	l responsible in any manner for

Signature of the Father

Signature of the Mother

Date