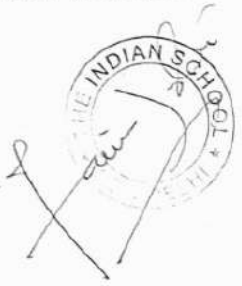
Dates for verification of Original Documents for Second List

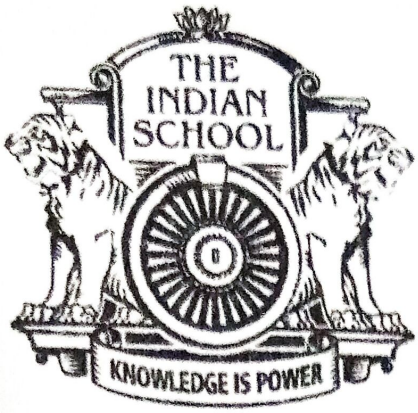
- Parents of selected candidates may come to School to verify their original documents on **26th March 2021 (Friday)** between **1:00 pm-2:30 pm** only.

- Kindly carry the original Acknowledgement Slip, Print out of the registration form photocopy of self-attested documents and the original documents.

- Last date for receiving fee payment for the candidates selected and successfully verified from the Second list will be Tuesday, **30th March 2021** or **31st March** between **9:30am - 11:00 pm.**

****Parents to download the medical form and unilrn form from the school's website and submit the duly filled copy of the same at the time of fee payment.**





LETTER OF UNDERTAKING

I _____ hereby declare that I grant The Indian School, the permission to send SMS to me on the number _____ and emails on the address _____ through Unified Learning Pvt. Ltd.(uniLrn), for any information they require to send. The number and email address specified above can be used by the school in my ward (s) online profile.

The details of my ward (s) are:

Admission No.	Student Name	Date of Birth (DD.MM.YY)	Class & Section	Father's Name	Mother's Name	Postal Address

Parent's/ Guardian's Signature

THE INDIAN SCHOOL

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 Birth		
	1 Month		
	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	4 ½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (Every 5 years)			
Other Vaccines			
Signature of Father……..Signature of Mother……			

Josip Broz Tito Marg (Near Moolchand Flyover) New Delhi 110049
Phone : 26257551, 26257552, 26265956, 26265957, Fax : 26253185
E-mail : contactus@theindianschool.in Website : www.theindianschool.in

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 Father …… Signature of Mother ……..

To be certified by a Registered Medical Practitioner

Date of Physical examination ……. Height ……. Weight……..

B.P. ……..Pulse …… Vision L ……. R ……

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

Clinical Examination	Normal	Recommendation	
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

THE INDIAN SCHOOL

Medical Record Updation, 2021-22

Dear Parents,

Kindly provide the following information of your ward's medical record.

Name of the Child: _____

Class and Section: _____

Blood Group: _____

Father's Name, Phone No.& Mobile No.: _____

Mother's Name, Phone No. & Mobile No.: _____

Local Guardian's Name, Phone No. & Mobile No.: _____

Emergency Phone No.: _____

History of illness:

i)	Asthma	Yes/No
ii)	High Blood Pressure	Yes/No
iii)	Diabetes	Yes/No
iv)	Heart Disease	Yes/No
v)	Kidney Problem	Yes/No
vi)	Bleeding through Nose	Yes/No
vii)	Fits	Yes/No
viii)	Any other disease	Yes/No, If yes, please give details

_____

ix) Has your ward undergone a surgical procedure? If yes, please give details.

_____

x) Is your child on any medication? If yes, please give details.

_____

xi) Has your ward suffered from any major illness? If yes, please give details.

_____

xii) Is your child allergic to any medication? If yes, please name medication

_____

Kindly complete the above and return to the class teacher latest by _____.

Signature of Father: …….. Signature of Mother: ……

Date: …….

Mrs. Tania Joshi
Principal