

MEDICAL INFORMATION

[To be filled up by the Parent / Guardian (IN CAPITALS)]

- 1.Age .....
- 2.Normal or Caesarian Birth :.....
- 3.Any remarkable complications during the birth :.....
- 4. Illness Suffered from in the past:.....
- 5. Surgery undergone in the past ; if any, specify:.....
- 6. Allergies, if any: .....
- 7. Any other health issue for which the child is on regular medication:  
.....  
.....  
.....
- 8.Name of the medicine:.....
- 9.Name of the Docotor ,if any:.....
- 10.Whether the child is allergic towards any medicine:.....

Parent's Signature