

Is the child fit & able to participate in sports and expedition? Yes No

If not please enclose a medical certificate

Any remarks specified by the doctor _____

Is the child trained with toilet manners? Yes No

If not, kindly specify the problem the child faces _____

Does the child require any specific diet? Kindly specify _____

I, Dr. _____, have examined Master / Miss _____ thoroughly and state that he/ she is medically fit to join school.

Registration No. _____

Address and Contact No. _____

Date _____

Place _____

Signature of Doctor (with seal)

Declaration by Parents / Guardian

In case of medical emergency which may require surgical procedure, anesthesia, invasive procedures, administration of drugs where a written premission is obligatory, I hereby request the school authorities to authorise on my behalf. Medical treatment may be availed from any competent medical authority or institution.

Date _____

(Signature of Parent / Guardian)

Place _____

Name _____

Relationship with the pupil _____

Address _____

Contact No. _____

E-mail _____