The World School,
Below Dominos,
South Enclave, Solan

Health Application Form

Name of Student		**Date of Birth**	
Name of Parent/Guardian		Home Phone	
		Work Phone	
In Case of Emergency Contact Parent			
Family Doctor		Office Phone	
Medical insurance Plane No.:			
Forwarding Address/email/contact no. During leave.			

A. Please note any health problem, physical handicap, emotional difficulty, behavioural problem, or facts which may limit full participation in the science classroom.
B. Student's immunization shots are current, i.e. tetanus and diphtheria, typhoid, smallpox and polio vaccine YES(____) NO(____)
C. Student is subject to:

_asthma	_sensitive skin	_sleep walking	_nosebleed
_earache	_sinus trouble	_convulsions	_high blood pressure
_fainting	_frequent colds	_headache	_motion sickness
_tonsillitis	_nightmares	_bed wetting	_allergies (describe)
_eye infection	_bronchitis	_kidney problem	

D. Student wears contact lenses (_____)
E. Medication: I would like my child to be given
Name of Medication(s) _____
Purpose of Medication _____

In case of emergency, I hereby give permission to the physician selected by the school to provide necessary treatment for my child.

Parent/Guardian signature: _____ Date: _____