



# DAV PUBLIC SCHOOL

(Managed by: DAV College Managing Committee, New Delhi)

## MEDICAL FORM

Registration No : .....

Admission No : .....

Session : .....

Please affix a  
recent coloured  
Photo of Child

Please keep us informed of changes in  
address and telephone number and also  
Any other information concerning health  
during school hours

Name of the child: ..... Class ..... Section .....

Date of Birth (in figures) .....

(In words) .....

Residential Address: .....

..... E-Mail.....

Phone Number : ..... (Emergency Contact No.) .....

Name of the Family Doctor: ..... Phone No .....

Medical Information:

**Blood Group:** .....

Any allergies to medicine and food : .....

Birth History Complication/History of major illness. If any ..... (attach  
Medical Certificate)

**Stamp & Signature of the Doctor**

**(Signature of Parents'/ Guardian)**

**Date:** .....

**Name:** .....