



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 \_\_\_\_\_