PRATAP PUBLIC SCHOOL, KARNAL

Circular No. - 03 10.07.2024

Dear Parents,

At Pratap Public School, we prioritize the health and well-being of our students as a cornerstone of their educational journey. We firmly believe that timely medical intervention is crucial for their physical and mental wellness. To ensure this, we maintain a Medical Care Unit staffed with well-trained paramedical personnel and dedicated auxiliary staff. The school infirmary is equipped to provide prompt treatment during emergencies.

In order to have a comprehensive health profile of each student at school, we request parents to provide detailed health information of their ward in the Health Profile/Consent form attached herewith.

Please note that no oral medication will be administered to students whose parents do not submit the duly filled and signed student's Health Profile/ Consent Form. We assure you that the medical information provided will be kept confidential. It will only be accessible to authorized school personnel responsible for maintaining student health records and administering first aid during medical emergencies.

Looking forward to your kind cooperation!

Yours sincerely

P. Navet

Poonam Navet
Director - Principal

PRATAP PUBLIC SCHOOL, KARNAL

Students' Health Profile / Consent Form

Name of Student :	Class :	Section :	Gender :
Address :		Date of Birth:	Blood Group:

MEDICAL HISTORY

1. Any history of drug/medicine allergy to painkillers or any antibiotics etc.

   _____

2. Any history of food allergy/environmental allergy.

   _____

3. Any history of -

a. Bronchial Asthma	Yes ☐	No ☐
b. Headaches	Yes ☐	No ☐
c. Vomitings	Yes ☐	No ☐
d. Urticaria	Yes ☐	No ☐
e. Convulsions	Yes ☐	No ☐
f. Tonsilitis	Yes ☐	No ☐
g. Anaemia	Yes ☐	No ☐
h. Sinusitis	Yes ☐	No ☐
i. Bronchitis	Yes ☐	No ☐
j. Tuberculosis	Yes ☐	No ☐
k. Pneumonia	Yes ☐	No ☐
l. Epilepsy	Yes ☐	No ☐
m. Any other	Yes ☐	No ☐

4. Past history, if any, of the following illness

a. Chickenpox	b. Measles
c. Mumps	d. Dizziness / Fainting
e. Convulsions (due to fever)	f. Epilepsy
g. Kidney Disease	h. Spondylitis /Orthopaedic problems /Back injury
i. Skin Infection	

5. Any family history of Allergic Disorder, Tuberculosis, Convulsions, Diabetes , Hypertension.

   _____

   _____

6. Is the student currently taking any medication for any ailment or HEART condition?
   (This includes angina / murmur / high B. P. / high cholesterol / stroke/uneven heartbeats).

   _____

   _____

7. Has the student had any surgery or been admitted in a hospital for any ailment?
   (If yes, please explain)

   _____

   _____

Please tick the appropriate column

ACTIVITY	FIT	UNFIT
Dance		
Aerobics		
Yoga		
PT		
Games		
Camps		
Athletics		
Long Distance Run		
Gymnastics		

Sr . no	Administered in case of	Medicine	Consent Granted: Yes/No
1.	Stomachache, Gastric Issue	Digene / Gelusil / Pudin Hara	
2.	Fever above 99.5 degree F	Paracetamol (dosage as per age)	
3.	Headache	Pain relief Balm	
4.	Sprain /Muscular Pain	Iodex/Deep Heat Spray/ointment/ Ice Pack	
5.	Minor Cuts / Scratches	Savlon + Soframycin/ Betadine + Dressing	
6.	Rash / Inflammation	Calamine Lotion	
7.	Eye Irritation / Pain in Eyes	I-tone Eye Drops	
8.	Cold / Cough	Vicks Vaporub /Vicks Candy	
9.	Vomiting	Domstal	
10.	Pain	Ibugesic (Dosage as per age)	
11.	Nose bleed	Ice Pack	

I hereby provide my consent for administration of the above medication by the school medical staff, as and when required.

Father's Name	: _____	Mother's Name	: _____
Date	: _____	Date	: _____
Mobile No.	: _____	Mobile No.	: _____
Signature	: _____	Signature	: _____