Non-availability of Immunization record of my ward

To, The Principal Delhi World Public School Noida Extn., Noida

Sub: Non-availability of Immunization record of my ward

Respected Ma'am,

This is to bring to kind notice, that I am unable to submit the details of Immunization of my ward,______, student of class_____, as

a) He / She have not undergone the schedule of vaccinations under the Immunization Scheme for small children.

b) The card indicating the details of vaccinations administered to my ward has been misplaced in the eventuality of non-submission of the required documents as per school rules, I ______, undertake to cooperate with the school authorities in case of any medical emergency of my ward. I shall not hold the school responsible in case of any emergency.

Signature of Parents / Guardian of the Student

Date_____

		MEDICAL FORM	
Admi Class	ission No.:		Affix latest passport size
			coloured photograph of
Date	:		the child
1		MATION OF THE CHI	
1. 2.	Name of the child (IN CAPITAL LETTERS) MOTHER'S NAME:F	:ATHER'S NAME:	
3.	Date of Birth (IN FIGURES):(Ir		
4.	Age as on 1 st April		Months Days
. 5.	Gender (Please put a (\checkmark)		Female
6.	Blood Group		I childic
	sidential Address:		
Phone	e No. : Emergency Co	ntact No.:	
	ICAL INFROMATION nization Status (Attach Photocopy of Immunizat	ion Card)	
BCG	OPV DPT	Booster for OPV	Booster for DPT
Meas	les MMR Typhoid	Hepatitis-B	Any other
Aller	gies (If any):		
Birth	History/History of major illness or disorder (If a	ny):	

Note: Please keep us informed of changes in address and also any other information concerning the health of your child relevant to his/her well being during school hours.