

Emergency Medical and Security Information

Student's last name _____ First _____ Middle _____ Date Birth D/M/Y _____ Male / Female _____

Address _____ nearby landmark if helpful _____

Siblings at MDIS: Name _____ Name _____

PARENT INFORMATION

Father/Guardian

(Surname) _____

(first) _____ (middle) _____

Live with applicant? Yes / No

Residential Address (if different from applicant's) _____

Home Ph No. _____

Cell Ph No. _____

Mother/Guardian

(Surname) _____

(first) _____ (middle) _____

Live with applicant? Yes / No

Residential Address (if different from applicant's) _____

Home Ph No. _____

Cell Ph No. _____

EMERGENCY CONTACTS: when parents cannot be located

Person 1

(Surname) _____ (first) _____

Relationship to student? _____

Cell Ph No. _____

Person 2

(Surname) _____ (first) _____

Relationship to student? _____

Cell Ph No. _____

ADDITIONAL person(s) authorized to pick child up from school: _____

FAMILY PHYSICIAN/PAEDIATRICIAN Name: _____

Physician's address: _____ Physician's phone(s): _____

MEDICAL INFORMATION (including medical conditions, allergies and all medications taken on daily basis)

PLEASE NOTE: Medication, both over-the-counter and prescriptions will be administered ONLY with an Authorization to Administer Medication Statement (below) signed by parents. Prescription drug administration requires signed instructions from the physician as well.

AUTHORIZATION TO ADMINISTER MEDICATION STATEMENT: MEDICAL RELEASE

This is to certify that I/we (parents' names) _____, parent(s) of the above mentioned minor, do hereby consent and appoint the official school representative of the Metro Delhi International School, to administer over the counter medicine as determined to be necessary during school hours. In the event of a medical emergency we understand that the school will make every effort to notify us, or one of the persons authorized above (if we cannot be reached). In the event of an emergency, we further authorize the doctor listed above to be contacted to attend to our child's needs if we or emergency contacts cannot be reached.

Parent signature (Father) _____ Date _____

Parent signature (Mother) _____ Date _____

This form must be completed on an annual basis and will be in effect for the above named student for the school year, for both in-school and school-related activities. One copy will be in the school file at all times; other copies will be given to the teacher, advisor, coach, chaperone, etc. on each activity in which your child participates.

***** This form MUST be on file in the school BEFORE the student may start school *****