



LAKSHMIPAT SINGHANIA ACADEMY
12- B ALIPORE ROAD, KOLKATA 700027

Dear Parents

Please fill up the following details of your ward and submit the form to the HRT on the reopening day.

HEALTH CARD

NAME: _____ **CLASS/SEC:** _____

GENDER: _____ **AGE:** _____ **BLOOD GROUP:** _____

HEIGHT (in metres): _____ **WEIGHT (in kg):** _____ **VISION: L-** _____ /6 **R-** _____ /6

MEDICAL INFORMATION:

- Oral Hygiene - Healthy / Gum problems / Cavities / Mouth ulcers /
[Please tick the right option/s]

Any other disease: _____

- Allergy (if any) - _____

- Chronic Diseases (if any) - _____

- Recent Injuries (if any) - _____

In case of any emergency -

CONTACT PERSON'S NAME & RELATION: _____

CONTACT NUMBER: _____

PARENT'S SIGNATURE: _____

HRT'S SIGNATURE: _____