

LAKSHMIPAT SINGHANIA ACADEMY

12- B ALIPORE ROAD, KOLKATA 700027

Dear Parents

Please fill in the following details of your ward and submit the form to the HRT on **Monday, April 20th, 2020.**

HEALTH CARD

NAME: _____ CLASS/SEC: _____ ADMN NO. _____

GENDER: _____ AGE: _____ BLOOD GROUP: _____

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

MEDICAL INFORMATION:

- Oral Hygiene - _____
- Allergy (if any) - _____
- Chronic Diseases (if any) - _____
- Recent Injuries (if any) - _____
- Brain / Spinal cord injury (if any) _____
- Blood pressure _____

In case of any emergency -

CONTACT PERSON'S NAME & RELATION: _____

CONTACT NUMBER: _____

MOTHER'S SIGNATURE: _____

FATHER'S SIGNATURE: _____

OR

GUARDIAN'S SIGNATURE: _____