



D.A.V. PUBLIC SCHOOL

ASHOK VIHAR PH-IV DELHI -52

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CIRCULAR

DAVPS/AV-IV/CIR/26-27/07

Date: 08.07.2026

Dear Parent,

The health, safety, and well-being of every student is our highest priority. To ensure that appropriate care can be provided during school hours, educational visits, sports activities, and in case of any medical emergency, we request you to complete this Health Information and Consent Form accurately.

The information provided will be kept confidential and used only for the purpose of ensuring your child's safety and providing necessary medical assistance whenever required. Kindly notify the school immediately if there is any change in your child's medical condition or emergency contact details.

Name : _____ Class : _____ Sec: _____

Parent's Name: _____ Mobile number : _____

Medical Information

Blood Group: _____

Any Allergy: _____

Any Aliment: _____

Mention the name of medication (if any) _____

Please provide details of any previous hospitalization(s), surgery(ies), major injury(ies), or serious illness(es) of your child, if any.

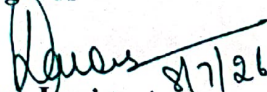
Note: If the student is hospitalized for any reason, parents must inform the school and submit a **Medical Fitness Certificate** from the treating doctor to the **Class Teacher** before the student rejoins school.

I hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that this information will be used only for the safety and welfare of my child during school hours and school-related activities.

I agree to inform the school promptly of any changes in my child's health condition, medication, allergies, or emergency contact details.

Parent's Signature: _____

Regards


Mrs. Lavina Arora

Principal