



MARVEL INTERNATIONAL SCHOOL

#120, Rehoboth Arcade, 6th Cross, 1st Main, Pai Layout, Bangalore-16.

MEDICAL INFORMATION FORM

Student's Name: _____ DOB: _____ Sex: _____

(*Please mark any condition or illness that applies to your child.)

Note: For medication questions, please mark the "yes" box only if child is taking medication now.

BIRTH HISTORY:

Birth Details: Normal _____ Caesarean _____ Forceps _____

Birth Cry: Immediate _____ Delayed _____

Discharge from Hospital: _____ (Number of days)

Special care given in the hospital: Yes No

If Yes, NICU: Extended hospital stay

Explain: _____

MOTOR MILESTONES (Approx. Months):

Sitting: _____

Standing: _____

Walking: _____

Speech: _____

GENERAL INFORMATION:

Does student have Medicaid? Yes/ No

Doctor's name: _____ Contact No: _____

Medical Insurance: Yes/ No

Insurance Provider: _____ Medical Insurance ID#: _____

EMERGENCY CONTACT:

1. Name: _____ Contact No: _____

Relation to Child: _____

2. Name: _____ Contact No: _____

Relation to Child: _____

3. Name: _____ Contact No: _____

Relation to Child: _____

1.	Allergies to: (Food, Medicine, Ants, Wasps, Bee stings, Environmental or other.) Takes medication for any allergies: Does child need a special diet?	Yes/ No Yes/ No Yes/ No
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2.	Asthma. Diagnosed at age: Under doctor's care now?	Yes/ No Yes/ No
3.	Attention Deficit/ Hyperactivity Disorder (ADD/ADHD).	Yes/ No
4.	Blood disorder: Sickle cell anaemia, Bleeding condition. Specify:	Yes/ No
5.	Diabetes. Does child require insulin?	Yes/ No Yes/ No
6.	Digestive disorders. Explain:	Yes/ No
7.	Head injury. Explain:	Yes/ No
8.	Hearing Problem. Uses Hear Aid.	Yes/ No Yes/ No
9.	Heart Condition. Under doctor's care for this condition? Any physical restrictions? If yes, explain:	Yes/ No Yes/ No Yes/ No
10.	Hypoglycaemia (low blood sugar).	Yes/ No
11.	Kidney or bladder disorder.	Yes/ No
12.	Migraine. <input type="checkbox"/> <input type="checkbox"/>	Yes/ No
13.	Muscle/bone/mobility disorder.	Yes/ No
14.	Respiratory condition (other than asthma).	Yes/ No
15.	Vision Problems. Glasses/ Contacts:	Yes/ No Yes/ No
16.	Mental Health Condition. Explain:	Yes/ No
17.	Surgery. Explain:	Yes/ No
18.	Hypoglycaemia.	Yes/ No
19.	Other medical condition not listed. Explain:	Yes/ No
20.	My child does <u>not</u> have any of the listed conditions or illnesses.	Yes/ No
21.	Medications. Name Medications:	Yes/No
22.	Please explain any medical condition that may affect your child's school performance or program participation:	

PARENTAL CONSENT

I hereby give consent for my child to participate in the School Health Services Program. This program includes emergency care, health appraisal at school and monitoring for communicable diseases. It also includes the following mandated health screenings: vision screening; hearing screening; growth and development screenings.

I am aware that for my child to receive any medication or medical treatment at school, I must provide a new Authorization for Medication/ Treatment signed by myself and my child's doctor each school year. All medications must be brought to school by an adult. All medications and/ or treatment, equipment or supplies must be supplied by the parent/ guardian.

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed on the Emergency Contact whom I have designated to notify in an emergency. In the event the emergency contacts cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. **When necessary, and if I, or any of the emergency contacts cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room.** Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/ she is unable to remain at school, I request the school to contact me to pick up my child. If the school is unable to contact me, I understand that one of the adults listed on the Emergency Contact whom I have designated to notify in an emergency and who are also designated to pick up my child will be contacted.

I understand and agree that certain educational records of my child may be shared with the School Board's health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment records. I understand and agree that it is my responsibility to notify the school of any changes in the information recorded on this form.

I certify that the information I have provided on this Medical Information Form is accurate, true and correct.

Date: _____

Parent/ Guardian Signature: _____

Parent/ Guardian Name: _____

Terms and Conditions

Admission:

A completed Admission Form, Medical Information Sheet, Parental Consent and Registration fee are required to secure your child's place.

Registration Fee:

The registration fee of Rs. 2000/- covers administration and settling sessions. Fees are payable monthly, in advance for a calendar month of childcare. Accounts are payable by standing order, card or cheque made payable to "Marvel International School". Unless we are in breach of these terms and conditions all booked sessions must be paid for regardless of child's attendance. No refunds are given for fees once paid or for sessions missed due to sickness or holidays or unavoidable school closure.

If you expect to be late collecting your child please notify the school as soon as possible. If notified, the additional time will be charged at the standard hourly rate. Un-notified late collection will be charged at a rate of Rs. 200/- per hour to cover emergency staffing and other arrangements. The school will give parents and guardians two months notice of increase of fees which will normally be reviewed in April.

School Timings:

The students of the forenoon batch are expected to reach school by 9:45am and that of the afternoon batch by 11:45am. Forenoon session shall end by 1:00pm and afternoon session by 3:00pm. for Play Group and Pre-Kg. Kindergarten will start from 10:00am and end by 2:00pm and students are expected to reach by 9:45am.

The Day-care runs from 08:00am to 6:00pm.

The school shall work 5 days a week. All public holidays declared by the Government of Karnataka will also be holidays for the school.

Termination, Cancellation and Change of sessions:

One-month notice is required by either party for any change of sessions or termination of agreement. If parents choose to leave prior to the end of their notice, fees are non-refundable. The minimum period for any permanent change of sessions is one month. If the notified start date is changed by the parent, we reserve the right to charge from the original start date notified on the Agreement form. The school reserves the right to terminate the Agreement with immediate effect in case of non-payment of fees, or if a parent, guardian or child displays abusive, threatening or otherwise inappropriate behaviour, or for any other reasonable cause. Intimidation or abuse of our staff will not be tolerated and may result in immediate termination. In all other cases the standard notice period of one month will apply.

Personal Property and Belongings:

The school cannot be held responsible for any loss or damage to any parent’s, guardian’s or child’s property or belongings. Every reasonable effort will be made by the school staff to ensure that property or belongings of any parent, carer or child are not damaged. Please ensure your child’s clothing is clearly labelled and we suggest that all toys, books and equipment are left at home.

Liability:

The school accepts no liability for any losses suffered by parents arising directly or indirectly, as a result of the school being temporarily closed or the non-admittance of your child to the nursery for any reason. We accept no responsibility for children whilst in their parent’s care on school premises. We will not be liable to parents and/or children for any economic loss of any kind, for damage to the child’s or parent’s property, for any loss resulting from a claim made by any third party or for any special, indirect or consequential loss or damage of any kind.

Accidents and Illness:

The school reserves the right to administer first aid and any emergency treatment as required. Parents will be informed of all accidents. If emergency treatment at hospital is required the nursery will make all reasonable attempts to contact the parents but if this is not possible, we are authorised to act on behalf of the parents and authorise any necessary emergency treatment. We will administer prescribed medicines only if parents have completed a Medicine Consent form. We may require parents to withdraw their child from school in the event that they require special medical care or attention which is not available or refused by the parent, or it is considered that the child is not well enough to attend school. We may also ask parents to withdraw their child from the nursery if we have reasonable cause to believe that the child is suffering from or has suffered from any communicable disease or infection and there remains a danger that other children may contract such a disease or infection. Parents must inform the school if the child is suffering from any illness, sickness or allergies before attending the school.

Agreement:

These Terms and Conditions represent the entire agreement and understanding between the parents (including guardians) and the school. Any other understandings, agreements, warranties, conditions, terms and representations, whether verbal or written, expressed or implied are excluded to the fullest extent permitted by law. We reserve the right to update / amend these Terms and Conditions at anytime. One-month notice will be given of any changes made.

I have read and understood these Terms and Conditions and agree to be bound by them.

Signed (parent/ guardian):

Name:

Date:

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Head of the Institution