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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Details** | | | | | | | | | | | | | | | | |
| Student’s Name: | | |  | | | | | | | | | Year: | | | |  |
| Date of Birth: | | |  | | | Sex: | |  | | | | Blood Group: | | | |  |
| **Emergency Contacts** | | | | | | | | | | | | | | | | |
| Please give the names and telephone numbers of three emergency contacts. If you reside outside of Kathmandu then one of these should be within Kathmandu. | | | | | | | | | | | | | | | | |
| 1. Mother’s Name: | | |  | | | | Mobile Phone: | | | | | |  | | | |
| Father’s Name: | | |  | | | | Mobile Phone: | | | | | |  | | | |
| Telephone: (Work) | | |  | | | | (Home) | | | | | |  | | | |
| Email Address: | | |  | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 2. Contact’s Name: | | |  | | | | Mobile Phone: | | | |  | | | | | |
| Relationship to student: | | | |  | | |  | | | | | | | | | |
| Telephone: (Work) | | |  | | | | (Home) | | |  | | | | | | |
| Email Address: | | |  | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 3. Contact’s Name: | |  | | | | | Mobile Phone: | | | |  | | | | | |
| Relationship to student: | | | |  | | |  | | | | | | | | | |
| Telephone: (Work) | | |  | | | | (Home) | | |  | | | | | | |
| Email Address: | | |  | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | |
| Please detail in the box below any medical information, such as allergies, asthma or regular medications, of which the school should be aware: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * I do / do not give permission to the school to administer paracetamol (Tylenol) to my child. | | | | | | | | | | | | | | | | |
| * I do / do not give permission to the school to administer Antihistamine cream to my child. | | | | | | | | | | | | | | | | |
| **Signed:** |  | | | | **(Parent/Guardian)** | | | |  | | | | | **Date:** |  | |