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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: |
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|  |
| * 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:** |  |