

AMRITA VIDYALAYAM, NALLAMPALAYAM

Ramasamy Nagar Extn -II, Nallampalayam, Coimbatore - 641006, INDIA

Telephone: 93638 82299, 63694 30894

E-Mail: avnmplmoffice@tn.amritavidyalayam.edu.in

SICKBAY REPORT

Date:

Dear Parent

TA7":1

The School Sick Bay is well equipped to give your ward prompt medical attention as and when required during school hours. We take all possible care to administer due medical aid and that is only possible when one is equipped with prior knowledge about pre-existing health conditions.

It has been observed that many parents shy from disclosing the problems suffered by their wards, e.g., breathing problems (bronchitis, asthma, etc.) epilepsy, nasal bleeding, cardiac disease (or disorders), congenital disease, etc. We want you to know that any information provided by you in this regard is kept confidential.

May we request you to download and fill the form appended below and send the physical copy of the same with your ward and should hand over it to the respective class teacher addressing the Principal. The information sought herein is crucial in providing the correct treatment/medicine to your child in case such a need arises during school hours. In case of non-receipt of this information, the school will not be able to provide immediate medical assistance to your child and thus cannot be responsible for any unfortunate happening.

with regards		
Team Amrita		

My ward			
from (disease or /and allergy)			
for the past months and he/she is under the treatment of Dr			
whose phone no. is			
(name of the medicine) should be administered. The photocopy			
of the prescription to this effect is also attached.			
Name of the ParentPhone No. (Off.)			
MobileParent's Signature			