

MEDICAL EMERGENCY INFORMATION

First Name		Middle Name		Last Name	
Date of Birth			Sex		Weight
D	D	M	M	Y	Y
			Male <input type="checkbox"/> Female <input type="checkbox"/>		Blood Group
Address					

City _____		State _____		Pin Code _____	
Primary Insurance Co.			Secondary Insurance Co.		
Primary Insurance Numbers & Group			Secondary Insurance Numbers & Group		
Past Medical History (Put a ✓ for the correct option)					
Allergies <input type="checkbox"/> None <input type="checkbox"/> Unknown Medical Allergies _____ _____ _____ _____ _____ _____		Cardiac <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Angina <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> CHF <input type="checkbox"/> Congenital <input type="checkbox"/> Implanted Defib <input type="checkbox"/> MI Other _____ _____ _____		Surgery <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Abdominal <input type="checkbox"/> Hearth <input type="checkbox"/> Lung <input type="checkbox"/> Neurological Other _____ _____ _____	
Chronic Illness (Put a ✓ for the correct option)					
<input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cancer <input type="checkbox"/> COPD <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Diabetic		<input type="checkbox"/> Dialysis/Renal <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Headaches <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV + <input type="checkbox"/> Hypertension <input type="checkbox"/> Paralysis		<input type="checkbox"/> Psychological <input type="checkbox"/> Seizures <input type="checkbox"/> Substance Abuse <input type="checkbox"/> TB <input type="checkbox"/> Unknown Other _____ _____	
Current Medication					

Family Physician			Physician's Phone Numbers		
Local Contact Name & Relationship			Local Contact Phone Numbers		
Outstation Contact Name & Relationship			Outstation Contact Phone Numbers		



VISHRAM JADVA CHARITABLE TRUST

SURYA VARSANI ACADEMY

Immunization Certificate

(To be certified by a Registered Immunization Centre or copy of vaccination card can also be attached)

Certified that Master/Miss _____, Son/Daughter of Mr./Mrs. _____
has been immunized against.

1. Typhoid on date _____ (Injection/Oral)
2. Hepatitis B
 - a) 1st Dose on date _____
 - b) 2nd Dose on date _____
 - c) 3rd Dose on date _____
3. Hepatitis B
 - a) 1st Dose on date _____
 - b) 2nd Dose on date _____
4. Chicken Pox on date _____ (No vaccination required if already suffered)

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Immunologist
(Name with Seal)

Place: _____

Medical Certificate

(To be certified by Medical Officer, Bhuj)

Certified that Master/Miss _____, Son/Daughter of Mr./Mrs. _____
Class/Section _____ and that he/she is medically fit/unfit for admission in the hostel.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Medical Officer
Bhuj

(Applicable for all new admissions)

In the event of a medical emergency at a time when neither parents or guardians can be contacted the Surya Varsani Academy staff have authority, in loco parentis, to authorise medical treatment and procedures in the best interests of the child.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Parent



VISHRAM JADVA CHARITABLE TRUST
SURYA VARSANI ACADEMY

INSTRUCTIONS

FOR HOSTELLERS

Admission to the hostel is granted for the academic year(s) _____ (Grade 5 and above). No withdrawal from hostel itself is allowed during the above period. All hostellers will have to pay the hostel fees in advance before joining the hostel.

GENERAL

If at any stage after admission, it comes to our notice that vital information concerning the admission of their child has been withheld by the parents, or that they have given incorrect information, the admission of the student may be cancelled and his/her name struck off the rolls.

Principal

DECLARATION

1. We, hereby, certify that the information given in this enrolment form is correct to the best of my knowledge and belief.
2. The School reserves the right to cancel the admission of any student if it is found that the declaration/certificate submitted at the time of admission are found to be false/improper.
3. We, on behalf of our ward, hereby, undertake to abide by all the notification/instructions/ circulars issued by the head of the school from time to time.
4. All disputes are subject to the jurisdiction of Bhuj Court only.

We further declare that we shall not make any request either in the Date of Birth or the Spelling of his/her name.

We put our signatures to confirm the above declaration.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Mother

Signature of Father



**VISHRAM JADVA CHARITABLE TRUST
SURYA VARSANI ACADEMY**

CERTIFICATE FROM PARENTS

I, certify that I, _____ father/mother of _____
am staying with him/her at our residence address:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Mother

Signature of Father

Place: _____

Mother's Name

Father's Name

UNDERTAKING

I, hereby indemnify the school against any damage, sickness, accident, death caused to my ward during his/her stay in the Surya Varsani Academy, Bhuj on account of any mishappening that may be caused inadvertently to my ward.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Mother

Signature of Father

Place: _____

Mother's Name

Father's Name



VISHRAM JADVA CHARITABLE TRUST
SURYA VARSANI ACADEMY

MEDICAL HISTORY OF THE CHILD

I, _____ father/mother of _____ student of
Class/Section _____ Admission No. _____ hereby confirm that my child/ward is suffering/not
suffering from:

- Allergy to any food item/drug
- Fits
- Bronchial Asthma/Bronchospasm
- Any other disease for which the child is on regular medication.

Parents to note that concealing correct medical history may result in expulsion from hostel immediately.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Parent



VISHRAM JADVA CHARITABLE TRUST SURYA VARSANI ACADEMY

UNDERTAKING BY PARENTS

1. I/We _____ do hereby undertake that I/we have read and understood the Hostel Rules & Regulations laid down by the School and agree to abide by them.
2. I/We hereby authorize the persons as stated on Page 1 of this form to act as Local Guardians for my/our child/. I/We also delegate my/our responsibility to him/her and authorize him/her to take necessary decisions and actions in my/our absence.
3. I/We certify that my/our residential address and the Local Guardian said dress and contact details as mentioned on page 1 of this form is correct. In case of any change, I/we will intimate the same to the school management within 3 days.
4. My/Our ward will not indulge in any act of RAGGING. If he/she is found indulging in any such act or misbehavior, disciplinary action may be initiated against him as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he/she may be expelled from the school if found guilty. If my/our ward is involved in any act of ragging, an FIR may be lodged against him.
5. I/We have gone through the prospectus and read the fee structure and payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I/we will deposit the fees in full before the beginning of each term. The school fees and penalty, if any, which is due towards payment by me, will be paid within 30 days. If I/we default in making the payment, I/we are aware that, I/we will be asked to withdraw my/our ward. I/We will accept such a decision of the school authorities.
6. I/We have carefully read the "LEAVE RULES" of the institution for SVA Bhuj Hostel. I/We understand that no leave will be granted to the students unless approved by the Principal. The gate pass will be issued only to me/us or to the authorized local guardians to take my/our ward, out of the hostel during regular week end outings/leave for special occasions.
 - a. Leave for attending marriage:
 - i. I/We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
 - ii. I/We understand that in addition to the travel time, only two days' leave will be permitted for the following cases:
 - Marriage of real brother or sister.
 - Marriage of Parents real brother or sister
 - b. Leave on account of death in the family:
 - i. I/We understand that such leave is permissible to offer condolence only in the event of death of an immediate relative in the family.
7. I/We shall ensure that my/our ward will report back to the school on the assigned date as mentioned in the leave application. He/she will join back on the day the school reopens after vacations as per the date s specified in the school calendar. I/We understand that if my/our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him as per the school rules & regulations.
8. I/We understand that my/our ward will be expelled from the school for any of the following act:
 - a. Using unfair means in the examination.
 - b. Consistent unsatisfactory performance.
 - c. Any act of Immorality as per social norms.
 - d. Grave insubordination.
 - e. Stealing or extortion of money or any item from other students.
 - f. Contempt of authority.
 - g. Leaving the hostel or school premises without prior permission. (Breaking the boundary rules)
 - h. Damaging school property
 - i. Any word, statement or action likely to undermine the reputation of the institution.
 - j. Bullying, assaulting and any act of ragging.
 - k. Smoking, drinking alcohol and use of other psychotropic drugs and substances.

9. I/We certify that all information related to the medical history of my/our ward is correct and complete. I/We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness/undisclosed disease. I/We understand that in case of communicable/infectious diseases, my/our ward will be sent back home. I/We/local guardian will pick him up from the hostel.
10. I/We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my/our ward supported by all medical documents. I/We/Local Guardian will personally pick up our ward. My/Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner will be submitted to the school authorities.
11. I/We agree to accept the Medical Insurance Policy which the school will enter into agreement with the Insurance Company. In the event of an emergent requirement of surgery/treatment, I/we permit the school authorities to take appropriate action. I/We assure that the local guardian will immediately rush on information and duly sign all the required medical papers on my/our behalf. I/We agree to reimburse all the medical expenses incurred by the school authorities during the course of treatment which are not covered under the Insurance policy.
12. If my/our ward leaves the school campus without permission, the school authorities may lodge an FIR with the local Police Station. I/We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
13. I/We will try to attend the PTM as per the schedule given in the School Link Book. In case of my/our inability to do so, I/we will ensure that the Local Guardians attend the PTM on our behalf.
14. I/We shall ensure that my/our ward will not carry any eatables, electrical gadgets.
15. I/We & my/our family shall visit my/our ward only on the specified days stated in the visiting schedule for the Parents/Local Guardian.
16. I/We will not visit the rooms of the students without proper permission from the Principal/Warden.
17. I/We assure that I/We will extend full cooperation to the School authorities in the interest of my/our ward.

I/We have read the rules & regulations of the Surya Varsani Academy, Bhuj (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my/our ward's stay in the school & hostel or if and when he joins a tour, excursion, sports activities or camp, I/We will not hold the school or any member of its staff wholly or partly responsible for it.

(Father's Signature)

Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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(Mother's Signature)

Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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VISHRAM JADVA CHARITABLE TRUST
SURYA VARSANI ACADEMY

UNDERTAKING BY LOCAL GUARDIAN(S)

- 1) I/We hereby agree to be the Local Guardian(s) for Master/Miss _____
Son/Daughter of Mr./Mrs. _____ and agree to take his/her responsibility
in the absence of the Parents.
- 2) I/We hereby undertake that I/We have read the Hostel Rules & Regulations of the School and agree to abide
by them.
- 3) I/We confirm that my/our address and contact details are as mentioned in Page 1 of this form and in case they
are changed I/We will intimate the same to the school management within 3 days.
- 4) I/We hereby undertake that in case of any sickness, particularly in case of any infectious/communicable disease
or any emergency, it will be my/our responsibility to keep the ward with me/us during the directed period by the
school authorities.
- 5) I/We have studied the leave rules of the institution. I/We assure that; I/we will follow the stipulated timings. I/We
& my/ our family shall visit my/our ward only on the days specified in the Visiting Schedule for the Parents/Local
Guardians.
- 6) I/We will personally pick up & drop him/her back as per the scheduled time of return for weekend outings/leave
etc. I/We assure that I/we will always adhere to all rules related to the issue & submission of GATE PASS.
- 7) I/We shall ensure that my ward will report punctually to the school on the school opening days specified in the
School Calendar failing which, disciplinary action may be taken against him or her. I/We are aware that such
action may even be withdrawal from school.
- 8) I/We shall ensure that my ward does not carry any eatables, electrical gadgets, mobile phones or any other
costly items to the hostel & school. He/she will also not carry more than Rs. 500 cash with him at any given
time.
- 9) I/We will not visit the rooms of the students without proper permission from the Principal/Vice Principal/Warden.

(First Local Guardian's Signature)

(Second Local Guardian's Signature)