

## School Transport & Declaration Form

Affix scholar's  
photo here

Name of the Scholar

Grade

Admission Number

Facility opted for

☐

Day

☐

After School Programme

☐

5 Day Residential

☐

7 Day Residential

Subsequent to my wards admission to Genesis Global School, I \_\_\_\_\_  
request the School, that my child \_\_\_\_\_ of Grade \_\_\_\_\_  
may please be allowed to avail the transport facility being provided by the school at the set rates.

Although, I understand that the school will provide full security and safety, exercising due diligence in carrying out the service, the school shall not be held responsible in case of any mishap. I also understand that the school reserves the right to alter/modify/restructure any route, at any point of time in the interest of children and school, as well.

I agree to abide by all the rules and regulations laid down by the School Authorities.

Name of Parent

Address

Telephone Nos.

Date

Parents' Signature

### For Office Use Only

Route No. (Pick-Up)

Bus Fee Paid

☐

No

☐

Yes

Route No. (Drop)

Facility paid for

☐

Day

☐

After School Programme

☐

5 Day Residential

☐

7 Day Residential

Transport Department Signature

Account's Department Signature

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photo here

Name of the Scholar

Grade

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7 Day Residential

(The below mentioned people are authorised to escort the scholar to & from the Bus stop/School)  
The escort should be 18+ years old.  
All escorts besides the parents must have a photo ID attached along with this form.

Affix Mother's Passport  
size photo here

Affix Father's Passport  
size photo here

Name

Name

Name

Name

Phone No.

Phone No.

Phone No.

Phone No.

Relation

Relation

Relation

Relation

Date

Parents' Signature

Parents' Name

### For Office Use Only

Date of receiving the form

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## Medical History Form

Name of the Scholar \_\_\_\_\_

Grade \_\_\_\_\_

Admission Number \_\_\_\_\_

Weight \_\_\_\_\_

Height \_\_\_\_\_

Blood Group \_\_\_\_\_

### Important

We request you to be completely thorough in providing information requested below, to Genesis Global School. Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at Genesis Global School; however, for the scholar's own safety and health, the medical staff must be aware of such problems.

Please check every condition that applies to your ward and provide detailed comments, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

Has your ward ever suffered from?

1. Asthma / Wheezing

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

2. Bleeding Disorder

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

3. Diabetes

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

4. Epilepsy / Convulsions

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

5. Blood Pressure

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

6. Migraine / Headache

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

7. Syncope / Fainting

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

8. Heart Problem

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

9. Eye Problem

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

## Medical History Form

**10. Hearing Problem**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**11. Ankle / Knee / Joint Problem**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**12. Frequent infections of****a. Ear**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**b. Throat / Tonsils**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**c. Sinuses**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**13. Does your child have any special / restricted Dietary Needs?**☐ No ☐ Yes

(Please attach a photocopy of the Diet Chart)

If yes, please give details \_\_\_\_\_

**14. Has your ward been hospitalized within the last 3 years?**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**15. Has your ward suffered from Typhoid / Jaundice in the last 3 years?**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**16. Has your ward been exposed to Tuberculosis in the last 3 years?**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**17. Is your child allergic to:****a. Bee Sting / Insect Bite**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**b. Any Medicine**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**c. Food Item**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

**18. Is your ward taking any medication?**☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

19. Can the following medications be given to your ward, in case of an emergency:

a. Paracetamol / Crocin

☐ No ☐ Yes

If no, please give details \_\_\_\_\_

b. Anti- Histamine / Anti-Allergic

☐ No ☐ Yes

If no, please give details \_\_\_\_\_

c. Antacids / Digene

☐ No ☐ Yes

If no, please give details \_\_\_\_\_

d. Non-steroidal anti-inflammatory

☐ No ☐ Yes

If no, please give details \_\_\_\_\_

e. Any injections (only in case of an emergency)

☐ No ☐ Yes

If no, please give details \_\_\_\_\_

20. Does your ward require Glasses or Contact lenses?

☐ No ☐ Yes

If yes, please give details \_\_\_\_\_

21. Has your ward been immunised as per the schedule?

☐ No ☐ Yes

(Please attach a photocopy of the Immunisation Card)

22. Is your ward taking any medications?

☐ No ☐ Yes

(Please attach a photocopy of the Doctor's prescription)

**Note**

Any medication carried by a day scholar or scholar in residence must be handed over to the class mentor or House Parent, respectively. Medication will be administered by the School Nurse, as per prescription provided by Parents'.

### Medical Certificate

This is to certify that I \_\_\_\_\_

have examined \_\_\_\_\_

of Grade \_\_\_\_\_ Age \_\_\_\_\_

and found that he/she is not suffering from any chronic/contagious disease.

**Doctors' Signature**

(Name & Stamp with Regn.No.)

\_\_\_\_\_

**Date**

**Note**

This certificate has to be signed by Regd. MBBS Doctor.

### For Office Use Only

Date of receiving the form \_\_\_\_\_

Received by \_\_\_\_\_

## Swimming Consent Form

Affix scholar's  
photo here

Name of the Scholar

Grade

Admission Number

Facility opted for

☐

Day

☐

After School Programme

☐

5 Day Residential

☐

7 Day Residential

I/We, Mr. / Mrs. \_\_\_\_\_ Parent/Parents' of \_\_\_\_\_  
studying in Grade \_\_\_\_\_ of Genesis Global School, Noida, do hereby give my willing consent for my ward to use the  
school's swimming pool. I will not hold the School responsible for any accident that may inadvertently occur during the  
course of such use and swimming activity.

Date

Parents' Signature

Parents' Name

**Note**

You can rest assured that the school will take all safety precautions while conducting swimming classes, including the presence of a qualified swimming coach, lifeguard, security guard and inflated tubes. Swimming activity will be properly supervised. However, swimming can only be permitted on receipt of the signed Consent Form, with an attested Medical Certificate, enclosed herein.

## Medical Certificate

This is to certify that I \_\_\_\_\_  
have examined \_\_\_\_\_  
of Grade \_\_\_\_\_ Age \_\_\_\_\_

and found that he/she is not suffering from any  
chronic/contagious disease or any disability which  
prevents him/her from attending the swimming classes.

Doctors' Signature

(Name & Stamp with Regn.No.)

\_\_\_\_\_

Date

\_\_\_\_\_

**Note**

This certificate has to be signed by Regd. MBBS Doctor.

## For Office Use Only

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(To be filled by Scholars applying for 7 day Residential facility only)

Affix guardian's  
photo here

Guardian's Name

Address

Home Phone Number

Business Phone Number

Mobile Phone Number

E-Mail ID

Mr. & Mrs. \_\_\_\_\_ parent's of \_\_\_\_\_  
who is in grade \_\_\_\_\_ has authorised me to be the local guardian till further notice  
I/We will be responsible for any enquiry, special permissions, any field trips and medical welfare of the scholar as well as  
the safety and development of \_\_\_\_\_  
I/We will also undertake responsibility to accommodate him/her in case of any suspension from Boarding.

Guardian's Name

Parents' Name

Signature

Signature

Date

Date

Please attach proof of ID i.e, relevant passport page or driving licence, and valid Indian visa and residence permit.

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