BAL VIKAS SCHOOL, PANIPAT

MEDICAL CERTIFICATE

This is to certify that my ward ...........................................of Class.....................has / has no medical history.

Name of the Problem ..................................................................................................................

Name of the Doctor .......................................................................................................................

Address of the clinic ....................................................................................................................

TRIPS AND CO-CURRICULAR ACTIVITIES

1. The student is expected to take part in all kinds of outdoor activities eg. Trips, competitions and other adventure and social activities. School or event organizers cannot be held responsible for any mishap.

2. Parents hereby indemnify the school for any charges/damages for any injury sustained by the student during his stay in the school while taking part in various curricular or co-curricular activities, or while traveling by school transport.

STUDENT’S PHOTOGRAPHS / VIDEOS

Student’s photographs/video tapes/audio tapes or other recordings taken by the school can be used in school publications and advertising material including Bal Vikas Website.

__________________________________________  ______________________________________
SIGNATURE OF MOTHER  SIGNATURE OF FATHER

WITH DATE  WITH DATE

Mother’s Name .........................................................  Father’s Name .......................................................