THE DLF SCHOOL, RIDGE VALLEY
DLF PHASE IV, GURUGRAM, HARYANA

RVS/CIR/098/2026-27 Date:19-08-2026

CONSENT FORM FOR STUDENT ALLERGY & MEDICAL MANAGEMENT

Dear Parent,

Greetings!

The health and safety of our students is our top priority. To ensure proper care during school hours, we request all parents to inform the school if your child has any known allergy to medicine, food items, or any other substance. This information will help us take necessary precautions during meals, activities, first aid, and school events.

Kindly fill in and submit the consent form below at the earliest to the Class Teacher.

Important: All emergency medicines like EpiPen/Inhaler etc. must be handed directly to the school nurse with written dosage instructions. Do not send medicines in the child's bag.

We seek your cooperation in this matter.

Warm regards,

Neelu Singh
Principal
The DLF School, RVS

PARENT CONSENT FORM - STUDENT ALLERGY DECLARATION

Student Name: _____

Class & Section: _____

1. Does your child have any allergy?

☐ Yes ☐ No

2. If Yes, please specify details:

Type of Allergy: ☐ Food ☐ Medicine ☐ Other _____

Name of Allergen/Medicine/Food: _____

Reaction/Symptoms: _____

Treatment required in case of reaction_____

3. Doctor's Prescription attached: ☐ Yes ☐ No

Declaration:

☐ I hereby inform the school about my child's allergy as mentioned above.

☐ I authorize the school nurse/class teacher to administer emergency medication as prescribed by our doctor, if required.

☐ I understand that while the school will take reasonable precautions, I must inform the school of any changes in my child's medical condition.

Parent/Guardian Name:_____

Contact No: _____

Signature: _____ Date: _____