

# New Digamber Public School


Khandwa Road, Indore (M.P.) – 452001  
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NDPS/Students/2025/04/ 0/  
April 01, 2025

Dear Parents,

We at NDPS hold the safety and security of students as a matter of the highest priority. In order to more effectively ensure the health and safety of students and to communicate with you in times of emergency, we request that you update your contact information and also provide information, if any, regarding the medical needs of your child. Please fill up the form below in the connection and return it to the class teacher latest by April 05, 2025.

  
Winston Gomez  
Principal

----- X ----- X ----- X ----- X ----- X ----- X -----

Name of the Student \_\_\_\_\_

Class: \_\_\_\_\_ Section \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Mobile No.											
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Mother's Mobile No.											
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Mobile No. for SMS											
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**Blood Group of student:** \_\_\_\_\_ **Positive /** \_\_\_\_\_ **Negative**

**Food allergy (kindly specify)** \_\_\_\_\_

**Drug Allergy** \_\_\_\_\_ (Yes / No)

**Name of the drug (if applicable)** \_\_\_\_\_

**Diabetic** \_\_\_\_\_ (Yes / No)

**Skin allergy** \_\_\_\_\_ (Yes / No)

**Asthmatic** \_\_\_\_\_ (Yes / No)

**Epileptic** \_\_\_\_\_ (Yes / No)

**Physically fit to participate in all school activities indicating swimming** \_\_\_\_\_ (Yes / No)

**List activities where participation is not allowed / restricted.** \_\_\_\_\_

**Details of chronic illness / Medical history, (if any) (Provide supporting documents)** \_\_\_\_\_

\_\_\_\_\_  
**Parent's Name with Signature**