

Medical Information Form for Students

Student Name

Date of Birth

Grade/Class

Parent/Guardian Name

Phone Number

Email

Emergency Contact (Other than Parent/Guardian)

Name

Phone Number

Relationship

Allergies (food, medications, etc.)

Current Medications

Health Conditions (asthma, diabetes, seizures, etc.)

Medical Insurance Provider

Doctor Name & Phone

Doctor's Name

Doctor's Phone

Additional Notes / Special Instructions

Date

Signature

Type full name