



STUDENT MEDICAL INFORMATION SHEET

DETAILS (To be filled by Parents/Guardian):

NAME OF STUDENT: _____
 D.O.B: _____ YR: _____
 IN CASE OF EMERGENCY – HOME PHONE NO: _____
 MOTHERS WORK NO: _____ (M) _____
 FATHERS WORK NO: _____ (M) _____
 IF UNAVAILABLE, EMERGENCY CONTACT NAME: _____
 RELATION: _____ (M) _____
 HOME PHONE: _____ WORK PHONE: _____



MEDICATION CURRENTLY BEING TAKEN: Please give details of any medication being taken by the student including dosage, frequency and any doctor’s instructions.

PLEASE GIVE FULL DETAILS OF ANY PROBLEMS: Medical or Physical which would limit your child’s full participation in any activity, including any food restrictions.

SPECIAL INSTRUCTIONS: _____

Family Physician: _____ Telephone: _____

Parent/Guardian Signature: _____ Date: __/__/____ Place: _____
Parent/Guardian Printed Name: _____
Telephone (Home): _____

DETAILS (To be filled by School Officials):

Student Class, Section & Roll Number: _____ Student Registration Number: _____
Checked & Certified by School Manager:
(Printed Name) _____ Date: __/__/____

Signature with School Stamp