

Basic Medical History Form (School Sample)

This **basic medical history form** sample for schools is designed to collect essential health information about students. It helps school staff quickly understand any medical conditions, allergies, or medications that may require attention during school hours. Having this form ensures a safer environment by facilitating prompt and appropriate medical care when needed.

Student Information

Full Name:

Date of Birth:

Grade/Class:

Parent/Guardian Name:

Emergency Contact Number:

Health Information

Primary Physician Name:

Physician Contact Number:

Allergies (Food, Medication, Other):

Medical Conditions (Asthma, Diabetes, Seizures, etc.):

Current Medications (Include dosage/frequency):

Special Instructions for School Staff:

Permissions & Authorizations

☐ I authorize the school staff to provide necessary medical care in case of emergency and to contact my child's physician as needed.

Submit