

# Simple Patient Health Record Form

## Student Information

Full Name:

Date of Birth:

Grade/Class:

Home Address:

## Medical History

List ongoing medical conditions (e.g., Asthma, Diabetes):

List allergies (food, medication, etc.):

Current medications (include dosage/frequency):

Family Doctor (Name & Contact):

## Emergency Contacts

Name	Relationship	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Parent/Guardian Authorization

Parent/Guardian Name:

Signature:

Date:

Submit

This **simple patient health record form** sample is designed specifically for schools to efficiently collect and maintain essential health information of students. It ensures accurate documentation of medical history, allergies, and emergency contacts in an easy-to-use format. This form helps school staff provide timely and appropriate care during health-related incidents.