

# Student Medical Record Form

This **student medical record form** sample is designed for schools to efficiently collect and organize essential health information. It helps ensure accurate tracking of student medical histories, allergies, and emergency contact details. Implementing this form supports better health management and safety within the educational environment.

## Student Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Grade:	<input type="text"/>
Address:	<input type="text"/>

## Parent/Guardian Information

Parent/Guardian Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

## Medical Details

Primary Physician:	<input type="text"/>
Physician Phone:	<input type="text"/>
Medical History:	<input type="text"/> List any chronic conditions, surgeries, hospitalizations, or other relevant medical history.
Allergies:	<input type="text"/> Include food, medication, or environmental allergies.
Current Medications:	<input type="text"/> Please list all medications currently taken.

## Emergency Contact Information

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



I authorize the school to seek emergency medical treatment for my child if necessary.

