

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:

Date of Birth:

Grade:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Medical Details

Primary Physician:

Physician Phone:

Medical History:

List any chronic conditions, surgeries, hospitalizations, etc.

Allergies:

Include food, medication, or environmental allergies.

Current Medications:

Please list all medications currently taken.

Emergency Contact Information

Emergency Contact Name:

Relationship:

Phone Number:

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

Submit

