

# Medical Declaration Form for Students

A **medical declaration form sample for students** is a crucial document used to record health information and medical history prior to school attendance. It helps schools ensure the safety and well-being of students by identifying any existing medical conditions or allergies. This form facilitates appropriate care and emergency response when needed.

## Student Information

Student Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Grade/Class:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Contact Number:	<input type="text"/>
Address:	<input type="text"/>

## Medical History

Existing Medical Conditions (e.g., asthma, diabetes):	<input type="text"/>
Allergies (medicine, food, etc.):	<input type="text"/>
Medications Currently Taken:	<input type="text"/>
Immunization Status (attach record if available):	<input type="checkbox"/> Up-to-date <input type="checkbox"/> Not up-to-date
Other Important Medical Information:	<input type="text"/>

## Emergency Contact

Name:	<input type="text"/>
Contact Number:	<input type="text"/>
Relationship to Student:	<input type="text"/>

## Declaration & Consent

I hereby declare that the information provided above is true and complete to the best of my knowledge. I consent to the school contacting the above emergency contact or seeking medical treatment for my child in case of an emergency.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_