

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:	
Date of Birth:	
Grade/Class:	
Parent/Guardian Name:	
Contact Number:	
Address:	

Medical History

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

Emergency Contact

Name:	
Contact Number:	
Relationship to Student:	

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: _____

Submit