

School Student Medical Assessment Form

Sample PDF Template

This **School Student Medical Assessment Form** sample PDF provides a comprehensive template to document important health information for students. It ensures accurate recording of medical history, allergies, and emergency contacts for effective student care. Ideal for schools aiming to maintain organized and accessible health records.

Sample Medical Assessment Form

Student Information

Student Name:

Date of Birth:

Grade/Class:

Student ID (if applicable):

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Medical History

Family Physician:

Health Card Number:

Known Medical Conditions:

Allergies (food, medication, etc.):

Current Medications:

Immunizations up-to-date?

Yes

Special Needs/Instructions:

Emergency Contact

Emergency Contact Name:

Emergency Phone Number:

Relationship to Student:

☐ I give consent for the school to seek emergency medical care for my child.

Parent/Guardian Signature: Date:

Submit

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