

# Student Medical Waiver Form Sample

A **student medical waiver form sample** for schools helps streamline the process of documenting medical exemptions for students. This form ensures that schools can safely accommodate health-related needs while complying with relevant policies. It is essential for protecting both the student's well-being and the institution's legal responsibilities.

Student Information

Student Name:

Date of Birth:

Grade/Class:

Parent/Guardian Name:

Contact Number:

Medical Waiver Details

Medical Condition (if applicable):

Nature of Medical Waiver/Exemption:

Physician's Name:

Physician's Contact Info:

Physician's Signature:

Date:

Authorization & Acknowledgement

I, the undersigned, acknowledge that the information provided above is accurate and complete to the best of my knowledge. I authorize the school to contact my child's physician for further information if required.

Parent/Guardian Signature:

Date:

Submit

