

STUDENT MEDICAL INFORMATION

Confidential Record - School Health Services

2024 / 2025

STUDENT IDENTIFICATION

FULL LEGAL NAME DOE, JANE ELIZABETH

DATE OF BIRTH 05 / 12 / 2012

STUDENT ID 99482-A

GRADE / HOMEROOM 7th / Room 204

MEDICAL CONDITIONS & ALLERGIES

KNOWN ALLERGIES (FOOD, DRUG, ENVIRONMENTAL) Peanuts (Anaphylaxis), Penicillin, Seasonal Pollen

CHRONIC CONDITIONS Asthma (Exercise Induced), Type 1 Diabetes

DAILY MEDICATIONS Albuterol (As needed), Insulin

WEARS GLASSES/CONTACTS?

Yes

No

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT NAME Robert Doe

PRIMARY PHONE (555) 010-8899

RELATIONSHIP TO STUDENT Parent / Guardian

SECONDARY PHONE (555) 010-8800

HEALTHCARE PROVIDER INFORMATION

PRIMARY PHYSICIAN Dr. Sarah Williams

CLINIC PHONE (555) 999-1234

PREFERRED HOSPITAL Central General Hospital

Parent/Guardian Signature

Date Signed