
MEDICAL FORM SAMPLE

Student Last Name:	First Name
Grade:	Birthdate
Student #:	Care Card #:

PARENT / GUARDIAN CONTACT NAMES AND TELEPHONE NUMBERS	
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
DOCTOR NAME:	Phone:
INDICATE WHAT MEDICAL CONDITION THIS STUDENT HAS THAT MAY REQUIRE EMERGENCY CARE AT SCHOOL:	
DESCRIBE THE POTENTIAL PROBLEM (INCLUDE SYMPTOMS THAT MIGHT BE OBSERVED)	
Describe the necessary action or intervention to appropriately treat this medical condition:	
Step 1:	
Step 2:	
Step 3:	
Step 4:	
Is medication needed? Yes No	
If yes, what medication?	

I have read and verify that the above information is correct.	
Parent/Guardian Name:	Date
Parent/Guardian Signature:	