



Student Medical Information
(Other than Anaphylaxis & Asthma)

Critical Information	Emergency Phone Number
Student Name:	Parent:
Year:	- Mobile:
Date of Birth:	Parent:
	- Mobile:
Medical Condition:	

Signs and Symptoms
What to watch for :
<ul style="list-style-type: none">•••••

Instructions from Medical Practitioner
<ul style="list-style-type: none">••••

Limitations – (E.g. Sports, Swimming, etc.)
<ul style="list-style-type: none">•••

Parent/Caregiver Signature: _____ **Date:** _____