

Student Health Form

Student Name	Doctor Name
Address	Address
	Telephone No:
Emergency contacts: Name & Relationship	Contact Numbers- Home/Work/Mobile
Medical diagnosis or condition	Prescription medication needed
Dosage and time of day	Side effects (if any)
Name of hospital contact –Consultant- and telephone number	
Clearly explain the medical problem, if the student needs medication at school, details of symptoms, what constitutes an emergency and the action to be taken etc..	
Who is to be contacted first in an emergency	Telephone number

Please list below any other medical problems you think we should know about, for example, asthma, allergies, diabetes, epilepsy, eczema, migraine etc...and any appropriate guidance or advice.

The above information is, to the best of my knowledge, accurate at the time of writing; I will inform the school in writing immediately if there is any change in circumstances or medical details.

Signed by Parent/Guardian		Date
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