Student Medical Information and Allergy Form

Medical conditions, allergies, medications, and emergency contacts for each student.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Student name: _____

Date of birth: _____

Parent or guardian (if under 18): _____

Phone: _____

Emergency Contacts

Name	Relationship	Phone

Health Information

Allergies (food, medicine, insect, latex): _____

Medical conditions (asthma, diabetes, seizures, heart): _____

Medications: _____

Past concussions or serious injuries: _____

☐ Student carries an inhaler

☐ Student carries an epinephrine auto-injector

☐ Student has a written action plan (attached)

Doctor name and phone: _____

Health insurance (optional): _____

I give permission for academy staff to give first aid and to call emergency services if needed. I will tell the academy about any changes.

This information is kept private and shared only with staff who need it.

Signatures

Parent, guardian, or adult student name: _____

Signature: _____

Date: _____

Notice

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