

Medical Records Form

Student Name: _____

Student Birth-date: _____

List any known food allergies ('NA' if none): _____

List any known substance allergies, eg. latex ('NA' if none):

List of current medications (with time of administration) which must be taken while at school
('NA' if none):

Please note: if there are any changes during the school year, please notify the record-keeper
and/or nurse.