

STUDENT MEDICAL RECORD

Year / Term: 2017

Name of Student: _____ Class: _____

Student's Local Address: _____

Student's Local Contact No.: _____

Student's E-mail Address: _____

Name of Guardian: _____

Guardian's Local Address: _____

Guardian's Local Contact No.: _____

Guardian's E-mail Address: _____

Pre-existing medical conditions:

1. _____

2. _____

3. _____

Food / Drug Allergies:

1. _____

2. _____

3. _____

Acknowledged by Guardian/Parent

Name:

Date:

Acknowledged by Form Teacher

Name:

Date:

Acknowledged by AA Personnel

Name:

Date:

Designation:

(Updated on: 2 June 2017)