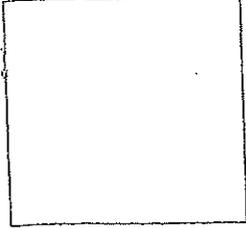
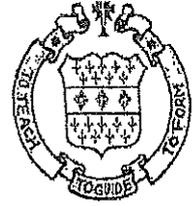


Coláiste Bríde Presentation School
Student Medical Information



Student's name: _____

Tutor Class: _____

1st Emergency contact person: _____

Relationship to student: _____

Emergency contact phone number: _____

2nd emergency contact phone number: _____

Relationship to student: _____

Medical condition: _____

Is the student on any medication? Yes No

If yes, please list: _____

Medical history, including dates? _____

What measures should the school take in the event of an emergency? _____

Please notify the school in writing in the event of;

- 1. any change in the student's condition*
- 2. changing any of the above mobile phone numbers*

This form was completed on _____

Parent/guardian signature: _____

On behalf of Coláiste Bríde: _____

THIS DOCUMENT IS TO BE KEPT IN THE MEDICAL FILE LOCATED AT RECEPTION AND GIVEN TO MEDICAL PERSONNEL IN THE EVENT OF AN AMBULANCE BEING CALLED

Additional Information on next page...

