



## *Medical Record*

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ YOG: \_\_\_\_\_

Health information:

List any health concerns the student may have:

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Allergies:

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List all medication taken on a regular basis:

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Age menstruation began: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature and Date**