

MEDICAL CARD

STUDENT DETAILS	
Name	
DOB	
Mobile no.	
Home no.	
Address	

Fold card and place in armband so that the student's name is clearly visible.



CONTACT DETAILS	
Emergency contact 1	
Relationship	
Mobile no.	
Home no.	
Emergency contact 2	
Relationship	
Mobile no.	
Home no.	

Provide details of any previous injuries, allergies or medications currently taken.
Date updated: _____