

SELF-DISCLOSED MEDICAL DECLARATION FORM



Name: _____

ID#: _____

Student Cell: _____

Emergency Contact (Name & Number):

Date of Birth: _____

Condition being declared: _____

How you are affected by this condition: _____

Required Action: _____

Medication being taken: _____

Dosage: _____ Storage requirements: _____

Do you carry/need any emergency medication? Yes/No

If Yes, give details:

This document is provided to medical staff to keep them informed in the event that medical needs arise.