



Student Medical Information

McFatter Technical College and High School
6500 Nova Drive • Davie, FL 33317
Tel: 754.321.5700

STUDENT MEDICAL INFORMATION (optional)

Student Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Physician's Name: _____

Physician's Phone Number: _____

Medication(s):

Name	Dose

Allergies: _____

Physical Restrictions: _____

History (check all that apply)

Heart Condition

Diabetes

Asthma

Epilepsy

Other Conditions (please list) _____

