



**Student
Accommodation**

Tel: 074 91 25671

**Letterkenny Student Accommodation
Medical Details**

**This information is in the event the Student is taken ill and has to attend a Doctor's
Surgery/ Hospital**

First Name _____ **Surname** _____

**Home
Address** _____

Date of Birth _____ **Home No** _____

Parent _____ **Mob No/ Work** _____

Family Doctors Name: _____

Doctors Phone No: _____

**Do you suffer from any medical condition?
Please give details below**

**Medication Details if any:
: Name and Dosage**

Private Insurance:
Company Name _____

Plan: _____ **Number:** _____

Medical Card Details

Medical Card Number _____

Expiry Date _____