



Critical Medical Alert Form

Name: _____

Grade/Class: _____

This student has a Dangerous life-threatening condition:

- ☐ Anaphylactic Allergy - see below
- ☐ Diabetes
- ☐ Other: _____

Anaphylactic Allergy to:

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Eggs
- ☐ Milk
- ☐ Insect Stings
- ☐ Medications: _____
- ☐ Other: _____

Place photo here

Emergency Contact Name:	Relationship	Home #:	Cell#:	Work#:
1.				
2.				

This form is to be completed for **HIGH RISK** medical conditions **ONLY**.

1. Do not complete for regular seasonal allergies or minor conditions which are not emergency 911 status. The intent of this form is for school personnel to immediately identify high risk medical issues.
2. Please complete this form and return to the office or teacher on the first day of school.
3. All information will be updated on the school database, and copies of completed forms with student photo (provided by the parent/guardian), will be displayed in the staff room for the current school year only. Each student will also have an emergency plan posted for each medical condition. As well, each classroom will be provided with this information.
4. Those students who have a life-threatening anaphylactic allergy **MUST** bring TWO(2) EpiPen Auto-injectors to school on the first day. One will be kept in the staff room and the other in the student's classroom or carried with the child at all times*, (this should be discussed with the child's teacher the first day of school via email or letter).