



## Medical Alert Form

Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Please list below the medical condition(s) you would like us to be aware of concerning your child (e.g., asthma, etc).

\_\_\_\_\_

\_\_\_\_\_

Please clearly indicate how we can best support your child with the above medical conditions. Please also list any/all medications that you will provide for your child at school, including dosing information (e.g., one or two puffs from puffer, etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place photo here

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

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

- 1. Do not complete for critical health conditions which could require an emergency 911 status. The intent of this form is for school personnel to identify low risk medical issues that may need specific attention during the school day.**
- Please complete this form and return to the office or teacher on the first day of school.
- 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.