Medical Alert

| Student name | |
|---|--------|
| My child has | |
| Is this a life threatening condition? | |
| In case of allergies onlydoes it have to be ingested? | |
| Symptoms include: | |
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| In case of an emergency, school staff should (treatment (epipen/inhaler, etc.), telephone/ambulance instructions, other instructions) | |
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| Is there anything we can do to make the school/classroom safer for your child? | |
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| Is there any other information we made need? | |
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| Students with life threatening conditions will have their pictures taken and posted first aid room. | in the |
| Parent/Guardian Signature Date | |