

MEDICAL ALERT FORM

Name of Student: _____ Homeroom _____

Physician's Name: _____ Phone: _____

Medications taken daily and/or regularly: _____

Allergies: _____

Type of Allergic Reaction: _____

Any other Health Problem: _____

OUR NORMAL PROCEDURE IS TO CALL THE PARENT AND/OR PARAMEDICS DEPENDING ON THE SEVERITY OF THE SITUATION. IF THERE IS ANY PROCEDURE OTHER THAN NORMAL FIRST AID, PLEASE LIST BELOW. PLEASE BE AWARE THAT THERE IS ONLY 1 CLINIC AIDE ON DUTY, SPACE IS LIMITED AND ACTIVITY IN THE CLINIC IS SOMETIMES HEAVY.

Signature of Parent/Guardian: _____

Date _____