



School District No. 57 (Prince George)



MEDICAL ALERT

STUDENT NAME: _____

DOB: _____ CARE CARD NUMBER: _____

PARENT 1 NAME: _____ PHONE NUMBER: _____

PARENT 2 NAME: _____ PHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

PHYSICIAN: _____ PHONE NUMBER: _____

MEDICAL ISSUE

SYMPTOMS AND CONDITIONS TO WATCH FOR

INSTRUCTIONS IN CASE OF THE ABOVE

IS MEDICATION REQUIRED? YES NO

If yes, see "Request for Administration of Medication at School" Form

Training of School Staff:

Staff Members	Date of Training	Trainer (Parent, Nurse or both)

Date Reviewed (must be reviewed annually):

Date	Signature	Date	Signature

I give permission for my child's photo to be placed on the Medical Alert List and Student Emergency Procedure Plan.

Signature: _____

Date: _____