



**MEDICAL ALERT INFORMATION FORM**

*Student's Name:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Language spoken at home:* \_\_\_\_\_

*Care Card Number:* \_\_\_\_\_

*Parent Name:* \_\_\_\_\_

*Parent phone number:* \_\_\_\_\_

*Emergency Contact #2 Name:* \_\_\_\_\_

*Emergency Contact #2 Number:* \_\_\_\_\_

**SPECIFIC INFORMATION ON THE POTENTIALLY LIFE THREATENING  
CONDITION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION needed:**  yes  no

**TYPE OF MEDICATION: DIRECTIONS FOR ADMINISTRATION:**

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**PRECAUTIONS IN THE CLASSROOM ARE:**

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**INSTRUCTIONS: SCHOOL STAFF need to, should a problem/emergency occur: (step by step information needed)**

- 1.
- 2.
- 3.
- 4.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_