

**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 \_\_\_\_\_