

Medical Alert Form

Please have parents provide information then return to school office immediately.

Student Name: _____ Date: _____

Type of Medication: _____ kept in medication drawer in office

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Health Care #: _____ Grade: _____

Medical Condition:

<p>Paste Picture of Student Here</p>
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Action to be Taken: