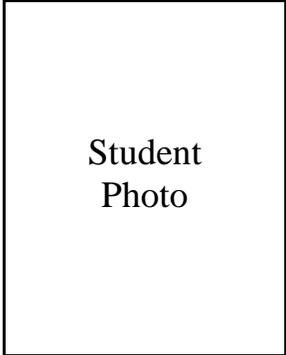


(School Letterhead or Logo)

EMERGENCY MEDICAL ALERT FORM

Student Name: _____	Grade:_____	Teacher: _____
Birthdate: _____	Health Card # _____	
Parent Name: _____	Home Phone # _____	Work # _____
Parent Name: _____	Home Phone # _____	Work# _____
Physician: _____	Phone # _____	

DESCRIPTION OF MEDICAL CONDITION



POSSIBLE SYMPTOMS

REQUIRED MEDICATION

LOCATION

ACTION-EMERGENCY TREATMENT PLAN

EMERGENCY CONTACTS

Name	Phone Number	Name	Phone Number
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_____	_____	_____
Principal's Signature	Date	Parent's Signature