SCHOOL DISTRICT #35 (Langley)

MEDICAL ALERT FORM

Medical Alert Form		**SCHOOL YEAR:**
Last Name:		Photo ID (Parents do not send photo unless requested)
First Name:		
Division:		
Grade:		
Birth Date:		
Care Card #		

Contact Name & Telephone Numbers

Mother/Guardian Last Name:			Father/Guardian Last Name:		
Mother/Guardian First Name:			Father/Guardian First Name:		
Home Phone#		Mother/Guardian's Work or Cell		Father/Guardian's Work or Cell	
Physician Name			Telephone Number		

Indicate what medical condition this student has that may require emergency care at school:

Describe the potential problem (include symptoms that might be observed):

IF APPLICABLE - Describe the necessary action or intervention to appropriately treat this medical condition:	
Step 1	
Step 2	
Step 3	
Step 4	
Step 5	

Is medication needed? ◯ Yes ◯ No

**If yes, what medication?

Prescribing Physician:

****Parents must complete a Request for Administration of Medication Form if their child needs medication administered at school.**

NOTE: No medication will be administered until this section of the medical form is completed. Parents need to ensure that this medication does not expire. It is the obligation of parents to keep a sufficient supply of any required medication at the school.

I have read and verified that the above information is correct.

Parent/Guardian Last Name	Parent/Guardian First Name	Date

Copies to: ____**Parent(s)** ____**Student G4 File** ____**Medical Alert Red Binder** _____**With medication**

____**Nursing Support Care Plan (if necessary)** ____**TOC Sub book** _____**Child's Fanny Pack**