

HEALTH ALERT

Student Name _____

Our child has _____

Although he/she is normally a healthy child, we would like you to know what to expect if an emergency occurs.

Things my child should avoid are:

My child wears a Medic Alert tag: Yes ____ No _____

Student Picture

Regular Medication:

<u>Name</u>	<u>How Much, How Often</u>	<u>Possible Side Effects</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Signs of Emergency:

SPECIFIC INSTRUCTION: (In order) to follow if my child has an emergency:

1. _____
2. _____
3. _____
4. _____
5. _____

Emergency Medication:

Contacts: Mother: Home - _____ Work: _____

Father: Home - _____ Work: _____

Other: Name: _____ Phone: _____

Date: _____ Signature: _____

For School Use Only - Emergency Medication for this child is located: _____