Medical Alert Card

Operation #1141.1

Student Name	Personal Health No.		Birthdate (Y/M/D)		
Parent/Guardian	Home Phone		Business Phone		
Emergency Contact	Home Phone		Business Phone		
Family Physician (In Pencil)	Phone (In Pencil)	Phone (In Pencil)			
Diagnosis/Condition				-	
Date Condition Identified: (Y/M/D)	Date Reviewed	Parent Signature		Physician or	
Plan while in care of school	(Y/M/D)			P.H.N. Signature	
(Review/Update Yearly)					
Symptoms to watch for:					
Restrictions at school:				,	
Emergency Procedures					
(See standard insert for insect stings, Epilepsy, Diabetes, Asthma)					
2.					
3.		0			
4.		*			
Is medication required: Yes No					
(If yes, Medication authorization form must be completed)					
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Parent/Guardian Signature					
Procedure reviewed and approved by P.H.N. or Physician					
Physician or PHN Signature					