

STUDENT MEDICAL ALERT

Please read the following information carefully and complete the necessary documentation.

If your child has been diagnosed with a medical condition of any description it is important that staff at Our Lady of Grace School are aware of this and the procedures that need to be followed.

Student Name:..... Class:

Condition:

.....
.....

Does your child have a medical problem requiring attention from the staff at Our Lady of Grace School?

YES

NO

If yes, please complete either of the following forms:

- Request for school personnel to administer medication
- Student asthma record

Name of Parent/Guardian: Phone Number:

Signature of Parent/Guardian: Date :