Tim O. Mains, Superintendent of Schools
Donna Geidel, Assistant Superintendent for Instruction
Michael Pacella, Assistant Superintendent for Business

MEDICAL ALERT FORM

(PLEASE FILL IN ONLY IF IT APPLIES)

Student Name: _____ D.O.B. _____

School Building Attending: _____

Welcome to our school district!
In order to ensure the health and safety of your child while here in school, please complete the following emergency medical information.

My child has the following medical issues that the school nurses in your building should be aware of:

(Check the conditions that apply and explain.)

☐ Cardiac: (example: hypertension, heart murmur)

☐ Respiratory: (example: asthma)

☐ Nervous System: (example: seizure disorder)

☐ Endocrine: (example: diabetes)

☐ Mental Health Issues: (example: depression, panic disorder)

☐ Other:

Immunization Records: ☐ Attached ☐ Pending

_____ _____
Parent Signature Date

Explanation: _____

_____

_____

_____

_____

NOTE: Please complete this form at your child's registration. It will then be forwarded directly to the Nurse's office.