

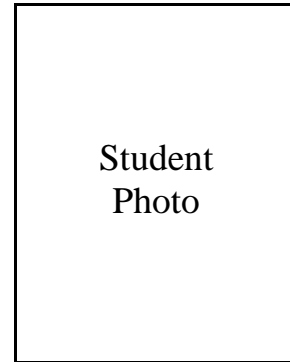
# EMERGENCY MEDICAL ALERT FORM

FORM 314-D3

School: \_\_\_\_\_

Student Name: _____	Grade: _____	Teacher: _____
Birthdate: _____	Health Card # _____	
Parent Name: _____	Home Phone # _____	Work # _____
Parent Name: _____	Home Phone # _____	Work# _____
Physician: _____	Phone # _____	

## DESCRIPTION OF MEDICAL CONDITION



## POSSIBLE SYMPTOMS

## REQUIRED MEDICATION

## LOCATION

## ACTION-EMERGENCY TREATMENT PLAN

## EMERGENCY CONTACTS

Name

Phone Number

Name

Phone Number

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature