

Life Threatening Medical Alert

Child's name:		Photo
Birthdate:	Classroom:	
Contact numbers		
Name/relationship	Phone number	
Define medical condition(s):		
Early symptoms we might see:		
Describe how symptoms might progress:		
Protocol for treating child		
Please note: An additional form is required for us to administer either over-the-counter or prescription medications.		
Clearly identify symptoms we should treat		
Symptom	Treatment/Dose	
Additional Comments:		
Parent/Guardian signature		Date