

Medical Alert Planning Form

Heritage Christian School

Attach Photo Here

School Year _____

Grade / Teacher _____

Student Name _____

Birth Date _____

Parent or Guardian _____

Home Phone _____ Alternate Phone Number _____

Emergency Contact Name _____ Phone _____

Physician _____ Phone _____

Medical condition diagnosed as _____

Symptoms to watch for are _____

Precautions in the classroom _____

Emergency plan school staff needs to follow (use back if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

Is medication needed? Yes No

If yes, please complete the "Request for Administration of Medication at School" form.

Parent/Guardian Signature

Date

HCS Staff Signature

Date