

SCHOOL DISTRICT #43 (COQUITLAM) MEDICAL ALERT FORM

*Important: this form must be completed and submitted at the start of each school year

Medical Alert	Form	SCHOOL YEAR:				
Last Name:						
First Name:						
Division:				hoto ID is do not send		
Grade:			photo un	less requested)		
Birth Date:						
Care Card #						
Contact Name & Telephone Numbers						
Parent/Guardian 1 Last Name:		Parent/Guardian 2 Last Name:				
Parent/Guardian 1 First Name:		Parent/Guardian 2 First Name:				
Home Phone#	Parent/Guardian 1 Work or Cell		Parent/Guardian 2 Work or Cell			
Physician Name		Telephone Number		·		

Indicate what medical condition this student has that may require emergency care at school:				
Describe the potential problem (include symptoms that might be observed):				

Describe the necessary action or intervention to appropriately treat this medical condition:			
Step 1			
Step 2			
Step 3			
Step 4			
Step 5			
Is medication needed? Yes No			
If yes, what medication?			
Prescribing Physician:			
Parents must complete a Request for Administration of Medication Form if their child needs medication administered at school. NOTE : No medication will be administered until this section of the medical form is completed. Parents need to ensure that this medication does not expire. It is the obligation of parents to keep a sufficient supply of any required medication at the school.			

I have read and verified that the above information is correct. By typing your name in the boxes below, you are digitally signing this form.

Parent/Guardian Last Name	Parent/Guardian First Name	Date
Copies to:Parent(s)Stud	ent G4 FileMedical Alert Red Binde	rWith medication Child's Fanny Pack