

## Medical Alert List Update Request

Dear Parents,

In an effort to update the school Medical Alert List, I am asking you to provide me with current health information on your child. The information I am requesting should include any life threatening health problems or serious medical conditions. Please review and complete the information requested and return this form with your registration materials on registration day.

Student Name  School  Grade

My child does **not** have any health problems.

My child has one or more of the following health problems (please check all that apply and provide information in the comment section below):

Diabetes

Seizures

Cardiac conditions with activity limitations

Asthma Medications used:

Does your child need an inhaler for school?  Yes  No

**(Reminder: A medication form is required even if your child will carry his/her own inhaler).**

Life threatening allergies: i.g., bees, food, etc Please specify:

Does your child carry an epipen?  Yes  No

If so, does your child need help in administering the injection?  Yes  No

**(Reminder: A medication form is required even if your child will carry his/her own EpiPen).**

Other serious medical conditions. Please specify:

Comments:

I understand that the information I have given regarding my child's health condition will be available to school staff in an effort to provide emergency care should the need arise.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date