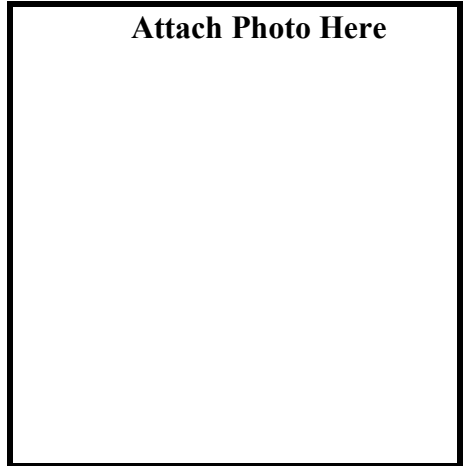


# Medical Alert Planning Form

## Heritage Christian School



School Year \_\_\_\_\_

Grade/ Teacher \_\_\_\_\_

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Condition Diagnosed As \_\_\_\_\_

Symptoms to watch for are \_\_\_\_\_

\_\_\_\_\_

Precautions in the classroom \_\_\_\_\_

\_\_\_\_\_

Emergency Plan School Staff need to follow (use back if necessary):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Is Medication Needed? \_\_\_\_\_ If so please complete the "Request for Administration of Medication at School Form".

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
HCS Staff Signature

\_\_\_\_\_  
Date