



École James S. McCormick School

Emergency Medical Alert Form



Dear Parent(s)/Guardian(s):

Medical information (allergy, asthma, etc.) noted on your child’s registration form indicates that he/she has a medical condition that may possibly be life threatening.

Please complete the following to ensure we are prepared for any emergency.

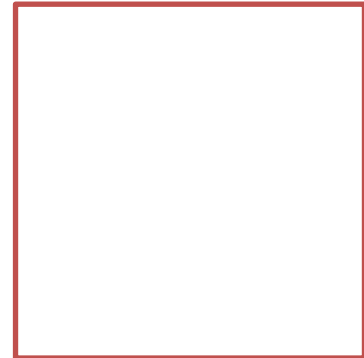
Child’s Name: _____

Grade: _____

Teacher’s Name: _____

Allergy/Medical Condition Description:

Child’s Photo



In case of an emergency call: (list 3 numbers)

1. _____

<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
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2. _____

<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
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3. _____

<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
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Possible Symptoms:

What to do:

Medication/EpiPens are stored: _____

I verify that the above information is correct and give my permission for École James S. McCormick to post this information/picture in the École James S. McCormick School staffroom and make it available to all staff at École James S. McCormick.

Date: _____

Parent/Guardian Signature