



## École Lacombe Upper Elementary 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>
2.	_____	_____	_____
	<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Phone #</i>	<i>Relationship</i>

Possible Symptoms:

\_\_\_\_\_  
\_\_\_\_\_

What to do:

\_\_\_\_\_  
\_\_\_\_\_

Other:

Medication/EpiPens are stored: \_\_\_\_\_

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

Date: \_\_\_\_\_

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