

**MEDICAL ALERT**

**2008-2009**

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

(Please Print Legibly)

**PARENTS: PLEASE keep CCA updated through the year of ANY changes in your child's health.**

Please indicate below any significant medical condition your student may have that Community Christian Academy should be aware of in the case of emergency.

Please check:

- ADHD
- Allergies
- Asthma
- Diabetes
- Epilepsy
- Other \_\_\_\_\_

Give a description of conditions and symptoms and **INCLUDE a doctor's professional report about this condition:**

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Treatment or Instruction for School Personnel:

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Medication:

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

\_\_\_\_\_  
Date