

MEDICAL ALERT FORM

Student Name _____ Grade _____
(Please Print Legibly)

PARENTS: PLEASE keep CCA updated through the year of ANY changes in you 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:**

Treatment or Instruction for School Personnel:

Medication:

___ My child has no significant medical condition at this time.

Parent/Guardian Signature

Date

