

Fall 16 17 18 19 20 21 22 23 24 25 26 27 28
(Click or "X" the box in front of digits to indicate school year, i.e., "X16" indicates the fall of 2016.)

MEDICAL ALERT

Student Name _____ Grade _____

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 "✓":

- ADD
- ADD w/Hyperactivity
- Allergies
- Asthma
- Diabetes
- Epilepsy
- Other (please explain)

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 conditions at this time. (Please "X" if applicable)

Parent/Guardian Signature

Date