

Medical Alert Form
Krause Early Elementary

Date: _____

Student Name: _____

Grade/Teacher: _____

School Year: _____

Medical condition of concern: _____

Immediate treatment: _____

Emergency contacts:

(Name and phone of parent) _____

(Name and phone of doctor) _____

(Other) _____

Hospital of choice, if possible: _____

Additional comments: _____

Parent/Guardian signature: _____

Date