

**MEDICAL ALERT 2014**  
**ST MICHAEL'S PRIMARY SCHOOL, KALEEN**

**If your child has a medical condition that may require emergency action at school, please complete the following form and return as soon as possible.**  
**Thank You**

CHILD'S NAME .....

ADDRESS: .....

.....

HOME PH: .....

Attach recent photo

PARENT CONTACT .....WORK ..... MOBILE .....

PARENT CONTACT .....WORK ..... MOBILE .....

EMERGENCY CONTACT PERSON WHEN PARENT NOT AVAILABLE

NAME: .....CONTACT No .....

MEDICAL PROBLEM : .....

.....

.....

MAINTENANCE STRATEGIES : .....

.....

.....

EMERGENCY SYMPTOMS : .....

.....

.....

ACTION TO BE TAKEN AT SCHOOL : .....

.....

.....

(Please attach further pages if this space is insufficient)

I am happy for this information to be placed on display in sick bay at St Michael's so that all staff members are aware of the necessary procedures in the event on an emergency.

SIGNED: ..... DATE .....