

**Palmyra-Eagle Area School District
STUDENT MEDICAL ALERT FORM**

Parents/Guardians, please complete the following information sheet for your child at the start of **each new school year**, so that we are assured to have the most up-to-date medical information for your child at a glance. This information form is referred to **first** in the event of a medical emergency for your child. Therefore, it is extremely important that we have this form current and up-to-date each school year.

Thank you!

Student's Name (Last, First – Please Print)

Grade

Doctor (Office) Name

Phone Number

Dentist Name

Phone Number

Hospital Preference

Phone Number

Allergy Type (If none, please write "None")

Medical Alert (If none, please write "None")

Medical Concerns (If none, please write "None")

Parent/Guardian instructions relating to medical concerns above:

Is your child taking any medication? **Yes** **No**

Name of medication: _____ During school hours? **Yes** **No**

I give permission for this information to be shared with any/all personnel that may be responsible for the care of my child. **Yes** **No**

I, the undersigned, do hereby authorize officials of Palmyra-Eagle School District to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, parents or other persons named on this sheet cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Daytime Phone #