



MOUNT SAINT MARY ACADEMY

Medical Alert/Emergency Contact

Student Name: _____ Grade: _____

Medical conditions that the school personnel should be aware of concerning your child:

Allergies/Asthma (attach physician/health care provider action plan):

Medications:

Child's usual physician/health care provider: _____

Physician/Health care provider phone: _____

Emergency contacts:

1st to call Name: _____ Phone: _____ Relationship to child: _____

2nd to call Name: _____ Phone: _____ Relationship to child: _____

3rd to call Name: _____ Phone: _____ Relationship to child: _____

I give the Mount Saint Mary Academy personnel permission to administer simple first aid when necessary. In the event of a more serious accident, I also give permission to transport my child by ambulance to a local hospital (**circle preferred: Elliot or CMC**) and to consult with my child's healthcare provider named above when necessary.

Parent/Guardian Signature: _____ Date: _____