

Silverdale Baptist Academy  
Medical Alert

Parent/Guardian complete and sign the top portion of this form.	
Student:	DOB:
Parent/Guardian:	Cell Phone:
Other Contact:	Phone:
Grade:	Homeroom Teacher:
Physician:	Physician's Number:

<b>Medical Condition that may require emergency care at school:</b>

<b>Symptoms that may be observed:</b>

<b>Necessary action or intervention to treat this medical condition:</b>
<p>Is medication needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, (1) What is the name of the medication?</p> <p>(2) Fill out "Medication Authorization Form"</p>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_