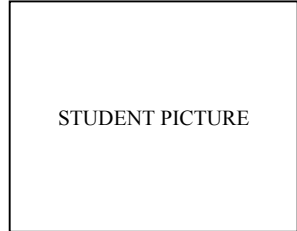




140 Borough Drive Scarborough, M1P 4N6       1 Civic Centre Court Etobicoke, M9C 2B3       155 College Street Toronto, M5T 1P6       5050 Yonge Street North York, M2N 5N8

### MANAGEMENT OF EMERGENCY MEDICAL CONCERNS



STUDENT NAME: \_\_\_\_\_ SCHOOL \_\_\_\_\_  
CLASSROOM/GRADE \_\_\_\_\_ DATE EFFECTIVE: \_\_\_\_\_  
MEDICAL DIAGNOSIS: \_\_\_\_\_

MEDICAL ALERT *		
PARTICULAR CONCERNS	SIGNS & SYMPTOMS	MANAGEMENT

**NOTE:** The principal will designate the individual who will be responsible for keeping the information updated. Revised copies should be distributed to the appropriate personnel.

Distribution List:

Parent/Legal Guardian  
Main Office

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Signature of Physician*

Req'd     Not Req'd

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

UPDATED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

<b>MEDICAL ALERT</b>		
<b>PARTICULAR CONCERNS</b>	<b>SIGNS &amp; SYMPTOMS</b>	<b>MANAGEMENT</b>