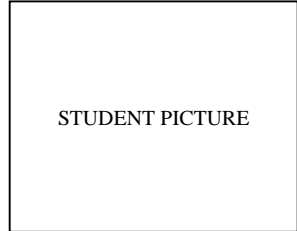




140 Borough Drive Scarborough, M1P 4N6
 1 Civic Centre Court Etobicoke, M9C 2B3
 155 College Street Toronto, M5T 1P6
 5050 Yonge Street North York, M2N 5N8

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

UPDATED:

Phone Number(s)

Phone Number(s)

1. _____
2. _____
3. _____
4. _____

Date

Date

MEDICAL ALERT		
PARTICULAR CONCERNS	SIGNS & SYMPTOMS	MANAGEMENT