Form 536B Rev. Oct. 11, 2003

Toronto District School						STUD	ENT AND COMMUNITY SERVICES
Board	0	140 Borough Drive Scarborough, M1P 4N6	٠	1 Civic Centre Court Etobicoke, M9C 2B3	☐ 155 College Street Toronto, M5T 1P6	5050 Yonge Street North York, M2N 5	N8
		MANAGE	EMI	ENT OF EMER	GENCY MEDICAL	CONCERNS	
STUDENT NAME:					School		STUDENT PICTURE
CLASSROOM/GRADE					DATE EFFECTIVE:		
MEDICAL DIAGNOSIS:							
MEDICAL ALERT *							
Particui	LAR C	ONCERNS		SIGNS &	& SYMPTOMS	N	MANAGEMENT
OTE: The principal will stribution List:	design	nate the individual who w	ill be	responsible for keeping	the information updated. Rev	rised copies should be distri	ibuted to the appropriate personnel.
rent/Legal Guardian ain Office							_ Req'd □ Not Req'd
ani Office		Signature of Par	ent/Le	egal Guardian	Signature o	of Physician	UPDATED:
		Phone I	Numb	er(s)	Phone N	fumber(s)	1
							3. 4.
			Date		\overline{D}	ate	



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PARTICULAR CONCERNS	SIGNS & SYMPTOMS	MANAGEMENT