

# SCHOLA BOHEMIA SERVICES

Life Threatening
------------------

<input type="radio"/>	YES
<input type="radio"/>	NO

## MEDICAL ALERT FORM

Note: This Form must be re-submitted at the start of each school year.

Child's Name:		Date of Birth (yy/mm/dd):	
Parent (Mother)/Legal Guardian:		Parent (Father)/Legal Guardian:	
Home Phone #:		Home Phone #:	
Work phone #:		Work phone #:	
Cell phone #:		Cell phone #:	
Name of Physician:		Physician's Phone #:	

- Indicate what medical condition this child has that may require emergency care at the childcare:

---



---



---

- Describe the potential problem (include symptoms that might be observed):

---



---



---

- Describe the necessary action or intervention to appropriately treat this medical condition:

Step 1:	
Step 2:	
Step 3:	
Step 4:	

Is Medication needed?      Yes      No      If yes, list medication below:

1.	3.	5.
2.	4.	6.

*Parents or legal guardian must complete a Request for Administration of Medication Form which is also available from your childcare manager. Parents/Guardian need to assure that this medication does not go past its expiry date. It is the obligation of the parents/Guardians to keep a current supply of any required medication at the school.*

Signature of Parent/Legal Guardian:	Date:
-------------------------------------	-------

