# Medical Alert

Name: _____ Grade:_____
Div./Rm # _____

Medical Alert Condition: _____

Action Required: _____

CONFIDENTIAL

Where medication is located:

❒ On student ❒ Located in school Location: _____

**Note: If medication is in student's locker please see Secretary or Administrator for further info.**

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Date Agreed: October 2007
Date Amended/Reviewed: March 2008
Date Reviewed/Amended: November 13, 2002
Date Amended: February 10, 2016; January 27, 2021
Date Reviewed: May 27, 2020
Related Documents: