

# STUDENT MEDICAL EMERGENCY INFORMATION ALERT

St. Mary School  
2017 ~ 2018 School Year

Dear Parents,

Please complete the following form and return it to the School Office.  
If there are no medical issues that we need to be aware of, please return the form with "none" written on it.

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

\_\_\_\_\_

Medical Issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Accommodations Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_