

SKINNER SCHOOL



MEDICAL ALERT

STUDENT _____

ROOM _____ **PROGRAM** _____

HOME PHONE _____ **EMERGENCY PHONE** _____

MEDICAL CONDITION: _____

ALLERGIES(including food) _____

OTHER _____

MEDICATION: _____

MEDICATION INSTRUCTIONS: _____

SYMPTOMS: _____

WARNINGS: _____

Teacher _____

Date _____