



# ST ALOYSIUS

CATHOLIC COLLEGE



## MEDICAL ALERT FORM

(Huntingfield Campus)

STUDENT PHOTO HERE

Childs Name: \_\_\_\_\_

Illness/Allergy: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Contact

Mother: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission to call an ambulance if necessary: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Is medication held at the College Office? \_\_\_\_\_

Other relevant information / instructions:

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