



FORM E

PEN #

**Medical Information for
Other Serious Conditions**
(e.g. syndromes, congenital conditions)
Refer to Medical Information Form

Student
Photo

STUDENT INFORMATION

☐ **Wears Medic Alert ID**

Student Name	Birthdate: year/month/day	Parent/Guardian Name
Parent/Guardian Home Phone #	Parent/Guardian Business Phone #	
Emergency Contact Name/Phone #	Physician Name/Phone #	

Indicate what medical condition this student has and if emergency care may be required at school.

Describe the condition and any potential problems.

Describe any necessary action or intervention to treat this medical condition.

This agreement must be reviewed when any changes occur to your child's condition.

Parent/Guardian Signature _____ Date _____

Dates Reviewed by Parent/Guardian _____

Copies to: _____ Parent(s)/Guardian(s) _____ School Health Resource Binder (red binder)
_____ Nursing Support Care Plan (if necessary) _____ Student's Emergency Kit