



SHIR HASHIRIM
MONTESSORI SCHOOL

MEDICAL ALERT

This form is to be completed if your child has an illness, condition, disease, severe allergy or chronic ailment that the faculty/staff needs to be aware of in case of an emergency or a need to seek treatment. Your completion and return of this form implies your consent to our sharing the enclosed information with any member of our staff.

Student Name _____ Date of birth _____

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

TO BE COMPLETED BY CHILD'S PHYSICIAN

Please describe condition _____

What are the symptoms or signs that we need to be aware of? _____

Treatment: _____

If applicable medication has adverse side effects, please explain: _____

Any other special instructions or comments: _____

Have you provided medication to the school office? _____ To the classroom? _____

Physician's signature

Date

Please note: All medications must be accompanied by written instructions and be kept at school in their original labeled containers. If a supply of medicine was kept at the school last year, please check with the school to replenish expired medications.