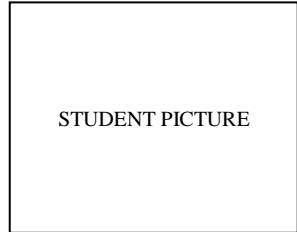




- o 140 Borough Drive  
Scarborough, M1P 4N6
- o 1 Civic Centre Court  
Etobicoke, M9C 2B3
- o 5050 Yonge Street  
North York, M2N 5N8

## MANAGEMENT OF EMERGENCY MEDICAL CONCERNS



**STUDENT NAME:** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**CLASSROOM/GRADE** \_\_\_\_\_ **DATE EFFECTIVE:** \_\_\_\_\_

**MEDICAL DIAGNOSIS:** \_\_\_\_\_

<b>MEDICAL ALERT *</b>		
<b>PARTICULAR CONCERNS</b>	<b>SIGNS &amp; SYMPTOMS</b>	<b>MANAGEMENT</b>

**NOTE:** The principal will designate the individual who will be responsible for keeping the information updated. Revised copies should be distributed to the appropriate personnel.  
Distribution List:

Parent/Legal Guardian  
Main Office

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Signature of Physician*

Req'd     Not Req'd

UPDATED:

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

\_\_\_\_\_  
*Phone Number(s)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



*Date*

*Date*

**STUDENT AND COMMUNITY SERVICES**

<b>MEDICAL ALERT</b>		
<b>PARTICULAR CONCERNS</b>	<b>SIGNS &amp; SYMPTOMS</b>	<b>MANAGEMENT</b>