

CLASSROOM ALERT LIST



Emergency

MEDICAL ALERTS



Emergency

(See Health & Safety Notebook for details on *Medical Alert* form)

Child's First Name	Condition	Rescue Medication Needed (Yes or No)	Name of Rescue Medication



SPECIAL DIET OR FOOD ALLERGIES



(See inside Health & Safety Notebook for details on *Dietary* form)

Child's First Name	Food to Restrict	Food to Substitute or Additive	Rescue Medication Needed (Yes or No)	Name of Rescue Medication



Children needing Medication during class



(See inside Health & Safety Notebook for details on *Medication form* or Medication instructions on *Medical Alert form*)
List first names below and duration dates of Medication. Date complete when no longer on medication.

Child's First Name	RX # or OTC - Name	Duration of medication	RX expiration date	Date completed
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _
		_ / _ / _ to _ / _ / _	_ / _ / _	_ / _ / _

Any child listed on this page must have a Medical Alert, Medication, or Dietary form in the Health & Safety Notebook
Post this form on the Health and Safety Board