

Riverland Christian Academy

MEDICAL ALERT CARD

Student's Name _____ Age _____

Parent's Name _____ Birthdate _____

Address _____

City _____ Zip _____

Home Phone _____

Cell Phone(relationship to student) _____ / _____

Allergies _____

Medical Conditions (Diabetes, Asthma, ADD, ADHD, Speech impediment, OCD, Autism/level, any doctor-diagnosed condition, that we would need to know about, in order to better help your child during the school year) _____

Emergency Phone Numbers _____

I give Riverland Christian Academy permission to issue the following medications to my student if necessary.

_____ Baby Aspirin* _____ Pepto Bismol* _____ Ibuprofen* _____ Cough Med.*

_____ Cough Drops* **Only if provided by parent.*

Other Medication given to the child on a daily basis prescribed by their Physician _____

Parent's Signature

Date