

SCHOOL DISTRICT No. 36 (Surrey)**MEDICAL ALERT INFORMATION AND CARE PLAN
(Asthma)**

Student Name: _____

Birthdate: _____ Personal Health Number: _____

Date Information Provided: _____

Date when this information was reviewed by Parent/Guardian (minimum annually):

(date of review)_____
(date of review)_____
(date of review)_____
(date of review)_____
(date of review)_____
(date of review)**School Emergency Contact Information:**

	Name	Phone Number
Family Doctor	_____	_____
Mother	_____	_____
Father	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____

Medical Condition (Physician diagnosed): _____
_____**Specific Symptoms to watch for:**

1. _____
2. _____
3. _____
4. _____
5. _____

