

NAME \_\_\_\_\_  
Last First M.I.

**Medical Alert** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

1) School \_\_\_\_\_ 2) School \_\_\_\_\_ 3) School \_\_\_\_\_ 4) School \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Entered \_\_\_\_\_

**INCLUDE IN THIS SECTION A SUMMARY OF ALL ABNORMAL FINDINGS, ACTIONS TAKEN, SUGGESTED FOLLOW-UP AND RECOMMENDATIONS FOR ADJUSTMENT IN SCHOOL PROGRAM**

[illegible]

