

**Mount Saint Mary Academy**  
**Medical Alert Form**  
**2010-2011 School Year**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Medical conditions that the school personnel should be aware of concerning your child:

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Allergies:

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Medications:

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Child's usual physician \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I give Mount Saint Mary Academy personnel permission to administer simple first aid when necessary. In the event of a more serious accident I also give permission to transport my child by ambulance to a local hospital.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date