



PEN# _____

**Medical Information for
Other Serious Conditions**
e.g. syndromes, congenital conditions
Refer to Medical Information Form

Form E

A. STUDENT INFORMATION

☐ Wears Medic Alert ID

Student Name _____

Birthdate: year/month/day _____

Parent/Guardian Name _____

Parent/Guardian Home Phone # _____

Parent/Guardian Business Phone # _____

Emergency Contact Name/Phone # _____

Physician Name/Phone # _____

B. Indicate what medical condition this student has and if emergency care may be required at school.

C. Describe the condition and any potential problems.

D. Describe the necessary action or intervention to treat this medical condition.

Signature of Parent/Guardian _____ Date: _____

Copies to: _____ Parent(s) _____ School Health Resource Binder (red binder)
Nursing Support Care Plan (if necessary) _____ Student's Emergency Kit

