



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