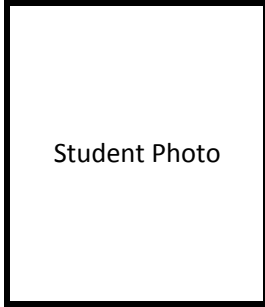




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Principal: Mr. William Van Brugge
Email: principal@orcschool.ca
secretary@orcschool.ca
Website: orcschool.ca



EMERGENCY MEDICAL ALERT FORM

STUDENT NAME:

Grade:

Teacher:

Birthdate: _____ Health Card #: _____

Home Phone Number: _____

Father's Name: _____ Father's Cell: _____ Father's Work #: _____

Mother's Name: _____ Mother's Cell: _____ Mother's Work #: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

DESCRIPTION OF MEDICAL CONDITION:

POSSIBLE SYMPTOMS:

REQUIRED MEDICATION and LOCATION KEPT:

ACTION-EMERGENCY TREATMENT PLAN:

Parent's Signature: _____