

**SCHOOL DISTRICT No. 36 (Surrey)****MEDICAL ALERT INFORMATION AND CARE PLAN  
(Diabetes)**

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

Date Information Provided: \_\_\_\_\_

Date when this information was reviewed by Parent/Guardian (minimum annually):

\_\_\_\_\_  
(date of review)\_\_\_\_\_  
(date of review)\_\_\_\_\_  
(date of review)\_\_\_\_\_  
(date of review)\_\_\_\_\_  
(date of review)\_\_\_\_\_  
(date of review)**School Emergency Contact Information:**

	<b>Name</b>	<b>Phone Number</b>
Family Doctor	_____	_____
Mother	_____	_____
Father	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____

*Medical Condition (Physician diagnosed):* \_\_\_\_\_  
\_\_\_\_\_**Specific Symptoms to watch for:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

