RISE Center
Where Special Kids Shine
THE UNIVERSITY OF ALABAMA®

MEDICAL ALERT INFORMATION FORM

Child's Name: _____

Parent(s)/Guardian: _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____

Emergency Telephone Number(s):

Name	Relationship to Child	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

Primary Physician's Name: _____

Phone Number: _____

Insurance (Company and ID Number): _____

Medical Conditions: _____

_____

_ Medications Taken Regularly/Dosage: _____

_____

_ Date Completed: _____