



# St. Pius Elementary School Medical Alert Notification

This form must be completed in its entirety annually for each child requiring medication

Date: \_\_\_\_\_

## **Complete for Students with ANY Type of Allergy** (Including food allergies)

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An Epi-Pen is required for my child's allergic reaction: \_\_\_\_\_ YES \_\_\_\_\_ NO

I will provide one/two (circle applicable choice)  
Epi-Pens to St. Pius Elementary School: \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Complete for Students with Asthma (Whether or Not Inhaler is Required)**

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

An inhaler is required for my child's asthma: \_\_\_\_\_ YES \_\_\_\_\_ NO

I will provide one/two (circle applicable choice)  
inhalers to St. Pius Elementary School. \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_