

Cucamonga School District

Medical Alert Communication Card

Student _____ DOB _____
Name

Complete this card and return it to school **ONLY** if your child has a medical condition requiring special emergency notification of staff.

In order to bring your child's allergic or medical needs to the **IMMEDIATE** attention of school staff **today**:

- Place this red card and the **Medical Statement Form** *INSIDE* the large **RED envelope** that is enclosed in the registration packet.
- Return the red envelope with the contents to school immediately.
- Do **NOT** place the red envelope inside the registration packet to return it to school. (The red envelope will get our attention immediately.)

~Do not add medical information or health history to this red card ~

NOTE: You must contact the School Nurse immediately to make sure the appropriate personnel at the school are informed about your child's allergies or other conditions that could impact their participation at school and to assist in the development of a Health Care Plan for your child while they are at school.

You must complete the **Medical Statement Form** and return it to the school immediately.

Return this red card to the Office Staff Immediately
Please return in person if possible.