Medical Alert Form

Primary/Secondary Department

School year 2024-2025

International School Eindhoven | Oirschotsedijk 14B | 5651GC Eindhoven | tel: +31-(0)40-2519437 | fax: +31-(0)40-2527675 | www.isecampus.nl

Student Name:		DoB:
Gender:	Class Group:	Teacher/Year Tutor:

Parents contact
Email:
Phone number:

Medical Diagnosis/Concern:

Symptoms (please describe the symptoms that the student might experience)

Treatment (Please include any treatment instructions. If medication is needed please list name of medication, dosage, frequency, and instructions below):

Is 112 (ambulance) to be called during an event? Yes No

If yes, at what stage in treatment:

Additional Information: Please include any information pertinent to the safety of your child.

Medication:

- Name(s):
- Dosage(s):
- Frequency:
- Route:
- Time:

Is this medication in school: Yes No

Please note ALL medication must be kept by either the School Nurse or Class Teacher unless otherwise agreed.

Signature: Date:

Please also fill out a Permission for School Administration of Prescription Medications form if the medication may need to be taken at school

Note: parents need to ensure medication does not expire. It is the obligation of parents to keep a sufficient supply of any required medication at the school.

To be filled out by school:
Read and checked by:
Date: