



# STEPS Academy Medical Alert

*Please fill out the information below for your child's instructor*

**Childs Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Emergency Contact:**

1. Mothers name and Number: Number:

\_\_\_\_\_

2. Fathers name and Number:

\_\_\_\_\_

3. Other contact name and Number:

\_\_\_\_\_

• **Condition you would like us to be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

• **Briefly state how the instructor should handle it:**

\_\_\_\_\_  
\_\_\_\_\_

**\*CHECK ONLY THOSE THAT APPLY:**

**This condition is confidential and only teachers should know.**

**OR**

**I give permission for this condition to be addressed in class when necessary, to alleviate speculation and educate students in a positive, supportive environment.**

**This individual has** received adequate education on what their limitations and abilities are.

**This individual has** my permission to refrain from participating in certain class instruction if it interferes with his/her treatment.

**This individual has** received a doctor diagnosis and has previously or is currently being treated for this condition.

Print Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**Parents please list any other important information you would like us to be aware of:**

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**Teacher/Staff notes:**

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Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

