



RAYNE CATHOLIC ELEMENTARY

407 South Polk Street

Rayne, Louisiana 70578

Phone: 337-334-5657

Fax: 337-334-3301

MEDICAL ALERT NOTIFICATION

FORM MUST BE SUBMITTED ANNUALLY FOR EACH CHILD REQUIRING ATTENTION

Date _____

*Please indicate below whether your child has **any** allergies (especially food allergies) and whether or not an Epi-Pen is required:*

Parent's Name _____ Phone _____

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

Student's Name _____ Grade _____

My child is allergic to:

_____ yes _____ no An Epi-Pen is **required** for my child's allergic reaction

I will provide _____ Epi-Pen(s) to Rayne Catholic Elementary School.

*Please indicate below whether your child has **asthma** and whether or not an inhaler is required:*

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

Student's Name _____ Grade _____

_____ yes _____ no An inhaler is **required** for my child's asthma

I will provide _____ inhalers(s) to Rayne Catholic Elementary School.

Signature of Parent or Legal Guardian

Date