

CABRINI HIGH SCHOOL

CONFIDENTIAL MEDICAL AWARENESS FORM

Student name _____ Grade _____ Phone _____

Address _____
(Street) (City) (Zip)

Special medical problem _____

What should be done to help? _____

List all prescription medications the student takes: _____

Family Doctor's Name _____ Phone _____

Name of person to be called if parents cannot be reached _____

_____ Phone _____