

Medical Alert Form



Primary/Secondary Department

School year 2025-2026

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:		