

**BRIGHTER HORIZONS ACADEMY
COLLEGE PREPARATORY**

3145 Medical Plaza Dr., Garland, TX 75044

Tel: 972-675-2062 Fax: 972-675-2063

"Where Knowledge, Faith, Academics and Character Meet."

**MEDICAL ALERT INFORMATION:
YEAR:**

* Please write your child's Medical Alerts Information and year inside this red box.

LAST NAME

FIRST NAME

GRADE

BRITH DATE

STUDENTS TEACHERS:

Describe symptoms, observations, necessary actions or intervention that may need emergency or medical care. Parents must complete a Request for Administration of Medication Form, if their child needs medication administered at school. NOTE: No medication will be administered until a medication form is completed. Parents need to ensure that this medication does not expire. It is the obligation of parents to keep a sufficient supply of any required medication at the school

Symptoms/ Observations		
Actions/ Interventions		
Medications Name		
When to give Dose/		

Vision: Brighter Horizons will be a model Islamic educational system, within which learners may develop to their fullest potential and become a generation of leaders and individuals who are highly motivated to be successful in this life and beyond.

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Contacts: Name & Phone Numbers			
Parent/Guardian Name	<i>Last</i>		<i>First</i>
Phone Numbers	<i>Home</i>	<i>Cell</i>	<i>Work</i>
Parent/Guardian Name	<i>Last</i>		<i>First</i>
Phone Numbers	<i>Home</i>	<i>Cell</i>	<i>Work</i>
Emergency Contact	<i>Last</i>		<i>First</i>
Phone Numbers	<i>Home</i>	<i>Cell</i>	<i>Work</i>

I have read and acknowledge with verification that all information on both forms above is correct. In case of an emergency 911 will be called if needed. I understand that it is my obligation to inform the health office of any changes or update.

Parent/ Guardian Signature

Date

Health Office Uses only:

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