

RCS Student Medical Information:

Student Name: _____

Grade: _____

Parent Name: _____

Emergency Contact: _____

Medical Condition: _____

Treatment: _____

Allergies: _____

Treatment: _____

**If your child has an allergy that requires medication, the Colorado Allergy & Anaphylaxis Emergency Care Plan and Medication Orders form needs to be filled out by the parent/guardian and medical provider.*