**ALERT LIST**

*Please transfer all relevant details from Medical Consent Forms and school files (if required), ie.IHP/EHPs, information on asthma, diabetes, bed wetters, swimming ability, allergies to sandflies & mosquitoes etc.*

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR LEVEL\_\_\_\_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_

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| **Students Name**  | **Medical ConditionsWe Need To Be Aware Of!**  | **Medication/Dosage** | **Special Needs** |
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**\*\*NOTE: -** The teacher-in-charge is responsible for the giving and recording of any medication. HBEEC does **not** require a copy!

 - **If there are any students with special needs please make the Centre Staff aware on arrival!**