

medical alert information card

DIABETES

Place
photograph
here

Year: _____

Student's Name: _____

Age: _____

Grade: _____

Class Teacher: _____

Parent's/Guardian's Name: _____

Phone Number: (work) _____ (home) _____

Alternative Contact Name: _____

Phone Number: (work) _____ (home) _____

Relationship to Student: _____

Doctor's Name: _____

Phone Number: (surgery) _____ (hospital) _____



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