



diabetes information for schools

medical alert

medical alert information card

DIABETES

Place
photograph
here

Year: _____

Student's name: _____

Age: _____

Grade: _____

Class Teacher: _____

Parent/Guardian's Name: _____

Phone Number: (work) _____ (home) _____

Alternative contact name: _____

Phone Number: (work) _____ (home) _____

Relationship to Student: _____

Doctor's Name: _____

Phone Number: (surgery) _____ (hospital) _____



**International
Diabetes
Federation**

A joint initiative of Australian Diabetes Council and International Diabetes Federation