

This student has a disease/serious allergy

Name:

Personal number:

Grade:

Disease/allergy:

Symptoms of severe reaction or need of medication can be:

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Emergency medicines are:

Is kept/stored in:

Measures taken/instruction at medication:

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Parent1:Telephone.....

Parent 2:Telephone.....

Important! Keep calm, stay with the student. Always contact the parent(s). Call 112.