



6.5.1 Medical Alert Planning Form

(Information and Plan while in the Care of the School)

Student Photo

Student Name: _____ Date of Birth: _____

(YY/MM/DD)

Parent/Guardian: _____ Phone: (Home) _____

(Work) _____

Emergency Contact

Name: _____ Phone: _____

Physician: _____ Phone: _____

Potential life threatening Medical condition diagnosed as: _____

1. New Condition: Yes No

Date condition identified: _____

2. Describe the potential problem:



PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with appropriate school staff in consultation with the Public Health Nurse as needed.

Symptoms to watch for are:

Precautions in the classroom are:

Emergency plan school staff needs to follow (step by step):

1.

2.

3.

4.

5.

6.



Medication needed: ☐ Yes ☐ No

Name of medication: _____

Location: _____ Expiry date: _____

If Yes above, a [Request for Medication at School](#) form (attached) must be completed and provided to the school.

INFORMATION REVIEW BY PARENT/GUARDIAN (minimum annually)

1. _____
Date & Sign

2. _____
Date & Sign

3. _____
Date & Sign

4. _____
Date & Sign

5. _____
Date & Sign

OTHER INFORMATION

TRAINING

Principal to document staff attendance and training.