

FOR OFFICE USE ONLY



MEDICAL ALERT FORM

NEW FORM REQUIRED AT START OF EACH SCHOOL YEAR

Life Threatening Alerts

Anaphylaxis Risk
If box checked: Anaphylaxis Emergency Plan Form and Epi-Pen **MUST** be included.

Medical Condition
If box checked: Additional information may be requested.

Student's Name: _____ Date of Birth: YEAR / MONTH / DAY BC Health Card #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Mother/Guardian's Name: _____ Mother/Guardian's Cell #: _____

Father/Guardian's Name: _____ Father/Guardian's Cell #: _____

Family Home Phone #: _____

▪ Name of medical condition(s) or allergen(s) which could occur and require emergency care during the school day:

▪ List of symptoms that indicate medical condition(s) or allergen(s) response is occurring:

▪ Order of steps necessary to treat medical condition(s) or allergen(s) during the school day:
STEP 1 _____
STEP 2 _____
STEP 3 _____

▪ Medication may need to be administered by School staff and is required to be kept at the School: Yes No
If yes, list medication below:

If medication may need to be administered by School staff and is required to be kept at the School, the parent/guardian **must** complete a Request for Administration of Medication Form, which is available at the School offices and on the School website. A Request for Administration of Medication Form is not required for medication included in an Anaphylaxis Emergency Plan. It is the parent/guardian's responsibility to keep all medical forms updated and a current and sufficient supply of the required medication at the School. If specific training is required to administer a medication, the parent/guardian must arrange for School staff training prior to its storage at the School.

We/I certify that all the information on this Form is complete and accurate, and we/I understand and accept the responsibilities listed above.

Mother/Guardian's Name: _____
(please print)

Father/Guardian's Name: _____
(please print)

Mother/Guardian's Signature: _____

Father/Guardian's Signature: _____

Date: YEAR / MONTH / DAY

Date: YEAR / MONTH / DAY