

MEDICAL ALERT PLANNING FORM

PHOTO ID

School Year _____

School Attended _____

B.C. Care Card # _____

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birth Date: (YMD) _____

Parent or
Guardian: _____ Day Phone: _____ Cell Phone: _____

Emergency
Contact Name: _____ Day Phone: _____ Cell 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 as needed with the appropriate school staff in consultation with the Public Health Nurse.

NOTE: any changes to current plan must be initiated by the parent.

◆ Symptoms to watch for are: _____

◆ Precautions in the classroom are: _____

◆ **Emergency Plan** school staff need to follow (step by step):

1. _____

2. _____

3. _____

4. _____

Medication Needed: Yes No Name of medication: _____

Where medication is located

On Student Located in School: Location: _____

Please check this box if the student is a registered rider on a school bus (eligible or courtesy). A copy of this plan will be needed by the Transportation Department after each update if the student rides a school bus.

If Yes "Request for Administration of Medication at School" (Form 436.1) Parts A, B, & C must be filled out and provided to the school. **Note:** Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by parent/guardian (minimum annually)

Review Dates:	There has been no change to this plan:
1._ Date & Sign	1._ Date & Sign
2._ Date & Sign	2._ Date & Sign
3._ Date & Sign	3._ Date & Sign

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Privacy Coordinator, School District #23 (Central Okanagan), 1940 Underhill Street, Kelowna, B.C., V1X 5X7, (250) 860-8888.

Date Agreed: October 2007

Date Amended: February 10, 2016

Date Reviewed:

Related Documents: