

Dear Parents,

Re: Medical Alert Form and Request for Administration of Medication at School

In order to meet your child's health needs at school, we appreciate you taking the time to complete this form. You have indicated that your child has a medical condition that makes it necessary for him/her to take medication at school on a regular or emergency basis or that your child has a medical condition that may require an emergency intervention or a response plan.

Medical Alert Form

Please provide personal information on your child including their diagnosis and the name of your doctor.

In the section regarding what to do if your child has an "attack" at school, please complete this if your child has a condition where this could occur; for example, a child who has epilepsy, severe allergies, diabetes or asthma.

Please sign at the bottom of the first page if you are requesting medication to be given at school.

Request for Administration of Medication at School

Section A is to be completed by your physician/licensed medical practitioner if they have recommended medication to be taken at school either on a regular basis or on an emergency basis.

Section B is to be completed by the parent/guardian.

Any changes in medication or dosage will require an updated form before medication can be administered.

Once you have completed this form please return it to your school as soon as possible. The principal or designate will review the information and develop a medical intervention plan for your child. If you have any questions please call the school.

Yours truly,

Jen Richter, Principal
Connaught Heights Elementary School

Student Photo
To be supplied by
the school.

Student's Full Name: _____ Birth Date: _____
YYYY - MM - DD

First Parent/Legal Guardian

Same address as child Yes No

Full Name: _____ Relationship: _____ Home Phone: _____
Work Address: _____ City: _____ Work Phone: _____
Email: _____ Postal Code: _____ Cell Phone: _____

Second Parent/Legal Guardian

Same address as child Yes No

Full Name: _____ Relationship: _____ Home Phone: _____
Work Address: _____ City: _____ Work Phone: _____
Email: _____ Postal Code: _____ Cell Phone: _____

Physician/Licensed Medical Practitioner: _____ Phone: _____

Alternate Guardians/Emergency Contacts

	<u>Full Name</u>	<u>Address/City</u>	<u>Phone</u>	<u>Alternate Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

If you child has these conditions, please check:

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> EpiPen Required |
| <input type="checkbox"/> Anaphylactic Shock (go to pg 5) | <input type="checkbox"/> Severe Asthma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> ADHD | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Severe Allergies List Allergens: _____ | | |

Parent/Guardian comments (Any additional information including symptoms that might be observed):

Is an Emergency Response Plan Required? Yes No

If an emergency response is needed at the school, please check off those actions that apply. Also indicate the order (i.e. 1-5) in which they should be done.

Check all that apply	Order	Comments
<input type="checkbox"/>	_____	Call 911
<input type="checkbox"/>	_____	Call Parent / Guardian
<input type="checkbox"/>	_____	Call Emergency Contact
<input type="checkbox"/>	_____	Administer Medication/ Intervention
<input type="checkbox"/>	_____	Other

To request medication to be administered at school (regularly or on an emergency basis) please complete page 4.

Parent/Guardian: _____ Signature _____ Date Reviewed _____
Principal/Designate: _____
Date Recorded Initiated: _____

Request for Administration of Medication at School

Check if not applicable

Student's Full Name: _____ School Name: _____

Section A – To be completed by prescribing physician / licensed medical professional.

Condition(s) which make medication necessary: _____

Name of Medication	Dosage	Direction for Use
1.		
2.		
3.		
4.		

Additional Comments (possible reactions, consequences of missing medication, storage duration):	Physician's Name:	
	Physician's Signature:	
	Date:	
	Office Stamp:	

Section B – To be completed by parent/guardian – Informed Authorization and Release

I request that staff give medication, as prescribed on this consent form to my child. I understand that:

- ✓ I agree to supply the medication to the school, in the original container with the child's name, prescribing physician and pharmacist's direction for use including dosage.
- ✓ If changes occur, I will contact the school and provide revised instructions. I am aware I am required to update this information each September.
- ✓ I am aware that the Nursing Support Services for the school will be informed of my child's condition and medication and the nurse may contact me directly as necessary.
- ✓ I am aware that staff and other personnel working with my child will need to know of my child's condition and the medication required.
- ✓ If non prescription medication is given, a note from the parent must be provided.

Print Name

Signature

Date

Parent/Guardian Name: _____

Principal/Designate: _____

Allergens

- Peanuts Nuts Dairy Insects Latex
 Other:

Additional Information:

Emergency Response Plan

- Administer EpiPen
 Call 911 and request Advanced Life Support Ambulance
 Call Parent / Guardian
 Have ambulance transport to hospital
 Can student self administer EpiPen? Yes No
 EpiPen Location 1:
 EpiPen Location 2:

Symptoms: Check all that apply

- Swelling (eyes, lips, face, tongue)
 Difficulty in breathing or swallowing
 Flush face/body
 Cold, clammy skin
 Fainting /Loss of consciousness
 Dizziness/confusion
 Diarrhea
 Coughing
 Choking
 Wheezing
 Voice changes
 Vomiting
 Stomach cramps
 Symptoms vary:

Anaphylaxis Prevention Strategies – Elementary Schools

Parent/Student Responsibilities:

- Inform teacher of allergy, emergency treatment and location of both EpiPens
- Ensure student wear a Medic Alert bracelet or necklace
- Ensure student with food allergies bring food/drinks from home
- Discuss appropriate location of both EpiPens with teacher/principal

Teacher's Responsibilities:

- In consultations with parent/student/Nursing Support Services, provide allergy awareness education to classmates
- Inform teacher on call of student with anaphylaxis , emergency treatment and location of both EpiPens

For students with food allergy:

- In consultation with Nursing Support Service, provide allergy awareness education for classmates
- Encourage student not to share food, drinks or utensils
- Encourage a non-isolating eating environment for the student
- Encourage all students to wash hands with soapy water before and after eating
- Request that all desk be washed with soapy water after students eat
- Do not use the identified allergen(s) in classroom activities

On field trips/co-curricular activities:

- Take both EpiPens, a copy of this form and a cellular phone
- Be aware of anaphylaxis exposure risk (food, latex and insect allergies)
- Inform supervising adults of student and emergency treatment
- Request supervising adults sit near students in a bus/vehicle
- Inform student with food allergens not to eat on bus/vehicle

Anaphylaxis Prevention Strategies – Middle/High Schools

Parent/Student Responsibilities:

- Inform teacher of allergy, emergency treatment and location of both EpiPens
- Ensure student wear a Medic Alert bracelet or necklace
- Know anaphylactic risk and take measures to prevent anaphylaxis
- Ensure student know to keep EpiPen in a close location at all times, NOT in locker
- Ensure EpiPens are taken on field trips

Teacher's Responsibilities:

- In consultations with parent/student/Nursing Support Service, provide allergy awareness education to classmates
- Inform teacher on call of student with anaphylaxis , emergency treatment and location of both EpiPens

For students with food allergy:

- Ensure student know to eat food brought from home
- Encourage all students to wash hands with soapy water before and after eating
- Request that all desk be washed with soapy water after students eat
- Do not use the identified allergen(s) in classroom activities

On field trips/co-curricular activities:

- Ensure student takes both EpiPens
- Take a copy of this form and a cellular phone
- Inform supervising adults of student and emergency treatment
- Be aware of anaphylaxis exposure risk (food, latex and insect allergies)

Refer to Student Services binder, Anaphylaxis and Child Safety Responsibility Checklist

Copy of the plan to parents

