



MEDICAL ALERT PLANNING FORM

Insert
Student
Photo
Here

School Year: _____ School Attended: _____

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birth Date: _____
(YR/MO/DAY)

Parent or Guardian: _____ Home Phone: _____

Bus Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Potential life threatening medical condition diagnosed as: _____

Symptoms To Watch For:

- | | | |
|--|--|---|
| <input type="checkbox"/> Flushed face | <input type="checkbox"/> Vomiting, nausea | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Swelling or itchy lips, tongue, eyes | <input type="checkbox"/> Dizziness, unsteadiness | <input type="checkbox"/> Stomach pains |
| <input type="checkbox"/> Tightness in throat, mouth, chest | <input type="checkbox"/> Sudden fatigue | <input type="checkbox"/> Rapid heart beat |
| <input type="checkbox"/> Wheezing, coughing, choking | <input type="checkbox"/> Loss of consciousness | |
| <input type="checkbox"/> Difficulty in breathing or swallowing | | |

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 (and volunteers or classmates) in consultation with the Public Health Nurse.

» Symptoms to watch for are: _____

» Precautions in the classroom are: _____

» Medication Needed: Yes No Name of Medication: _____

Where medication is located ____ on student ____ located in school: _____

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

1. _____
2. _____
3. _____
4. _____
5. _____

Copy of this form will be provided to Transportation Department after each update

REVIEWED

PARENT

SCHOOL REP

DATE

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 Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 22(Vernon) (Vernon)