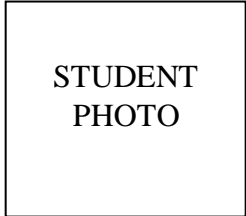




# SCHOOL DISTRICT NO. 51 (BOUNDARY)

## MEDICAL ALERT SYSTEM



Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Care Card No. \_\_\_\_\_

Parents' Names  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mum's Work \_\_\_\_\_ Dad's Work \_\_\_\_\_

Other: Name & Phone Number \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Indicate what medical condition this student has that may require emergency care at school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the potential problem (include symptoms that may be observed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AT THE START OF EACH SCHOOL YEAR**  
**Please check the signature/date at the end of this form to ensure it is current**  
**Destroy all outdated forms**

Describe the necessary action or intervention to appropriately treat this medical condition:

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	

Is medication needed? (circle one)      YES      NO

If yes, what medication? \_\_\_\_\_

Where located? \_\_\_\_\_ Expiry Date \_\_\_\_\_

Parents must complete a **REQUEST FOR ADMINISTRATION OF MEDICATION FORM** which is also available from your school. Parents need to ensure that this medication does not go past its expiry date. It is the obligation of the parents to keep a current supply of any required medication at the school.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

NOTE:      All school staff have received Anaphylaxis training.

**THIS FORM MUST BE COMPLETED AT THE START OF EACH SCHOOL**