



**MEDICAL ALERT PLANNING FORM
INFORMATION AND PLAN
WHILE IN THE CARE OF THE SCHOOL**
School District No. 73 (Kamloops/Thompson)



Fill out page 1 for all conditions except anaphylaxis, fill out page 2 if child is anaphylactic.

For School Year MSP#

Student Name: Birth Date: (Y / M / D)

Parent or Guardian Home Phone: Bus Phone:

Emergency Contact Name: Phone:

Physician: Phone:

PHOTO ID

Potentially 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:

To 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 with principal in consultation with the public health nurse as needed.

• Symptoms to watch for are:

• Preventative measures:

Medication needed: Yes No Name of medication:

(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school).

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

1.
2.
3.
4.
5.
6.
7.
8.
9.

INFORMATION REVIEW by parent/guardian:
(Review minimum annually)

1.
Sign & Date
2.
Sign & Date
3.
Sign & Date
4.
Sign & Date

TRAINING REVIEW:
(Review minimum annually)

1.
Sign & Date
2.
Sign & Date
3.
Sign & Date
4.
Sign & Date