



**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