

SCHOOL DISTRICT No. 36 (Surrey)

**MEDICAL ALERT INFORMATION AND CARE PLAN
(General)**

Student Name: _____

Birthdate: _____ Personal Health Number: _____

Date Information Provided: _____

Date when this information was reviewed by Parent/Guardian
(minimum annually):

(date of review)

(date of review)

(date of review)

(date of review)

(date of review)

(date of review)

School emergency contact information:

	Name	Phone Number
Family Doctor	_____	_____
Mother	_____	_____
Father	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____
Alternate Contact	_____	_____

Medical Condition (Physician diagnosed): _____

Specific Symptoms to watch for:

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

Procedures to deal with a problem: – GENERAL –

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

Additional Comments: _____

Medication needed: YES NO Location at the School: _____

Medication is Self Administered: YES NO

Name of Medication: _____ Expiry Date: _____

Details (Specific side effects, storage, etc):

Training Documentation:

Name of School	Date of Training/Review	Trainer
_____	_____	_____
_____	_____	_____
_____	_____	_____

<ul style="list-style-type: none"> • I am aware of Board Policy and Regulation on the Treatment of Students with Medical Problems. • I agree that the above information is correct. • If changes occur I will contact the school and provide revised instructions. • I agree that if medication is required I will supply it to the school in the original container with my child's name and the pharmacist's directions for use, including dosage. • I am aware that no medication will be administered until this form is completed and returned. • I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary. • I am aware that staff working with my child may need to know of my child's condition and of the medication required. • I am aware I am required to update this information each September. 	
_____	_____
(Date)	(Signature of Parent/Guardian)