

MEDICAL ALERT INFORMATION FORM – SECONDARY

Student's Name: _____ *Date of Birth:* _____

SPECIFIC INFORMATION ON THE POTENTIALLY LIFE THREATENING CONDITION:

1. New Condition Yes No Date condition identified: _____

2. Describe the condition and *symptoms* to watch for:

MEDICATION needed: yes no **TYPE OF MEDICATION:** _____

DIRECTIONS FOR ADMINISTRATION: _____

I agree to supply the medication to the school in the **original container** with child's name and the pharmacist's direction for use including dosage. *The parent/guardian is responsible for replacing expired medication.*

PRECAUTIONS IN THE CLASSROOM ARE: _____

INSTRUCTIONS: SCHOOL STAFF need to, should a problem/emergency occur: (step by step information needed)

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

Information to be collected at school registration and forwarded by the principal to the appropriate School Staff who consult with the Public Health Nurse as necessary.

I understand it is the parent's responsibility to update this information and/or medication annually and when the child's condition changes.

I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication, and that the Public Health Nurse may contact me as necessary.

Date

Signature of Parent/Guardian

**** PLEASE NOTE ****

**This form is a reversal form which will apply to your son or daughter while enrolled here at Langley Secondary School.
Please only return if there is "NO" requested**

Dear Parents:

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you please read the following information carefully. The information provided will be used for educational purposes and when required, may be provided to health services, social services or other support services. If you have any questions or concerns about the collection and use of this information, please contact your school principal or the District Freedom of Information and Protection of Privacy Coordinator (Jennifer Canas) at 604-534-7891, (Local 228).

Parent Advisory Council – Access to Information:

The parent/guardian's name, telephone number, e-mail and mailing address may be made available to the school's Parent Advisory Committee for contact purposes regarding notice of meetings, special events or opinions on school issues.

_____ No, I do not wish my information to be released to the school Parent Advisory Council.

Media Coverage:

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events taking place in the district.

_____ No, I do not consent to the publication of my child's name, photograph and comments for purposes consistent with the above.

Student's Name: _____ (please print)

Parent's Name: _____ (please print)

(Parent/Guardian Signature)

Signed this _____ day of _____, _____