

**MEDICAL ALERT INFORMATION FORM – SECONDARY**

***Student's Name:*** \_\_\_\_\_ ***Date of Birth:*** \_\_\_\_\_

**SPECIFIC INFORMATION ON THE POTENTIALLY LIFE THREATENING CONDITION:**

1. New Condition (Yes or No) \_\_\_\_\_ Date condition identified: \_\_\_\_\_

2. Name of Condition: \_\_\_\_\_ Describe the condition and *symptoms* to watch for:

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

**MEDICATION needed** (Yes or No) \_\_\_\_\_ **TYPE OF MEDICATION:** \_\_\_\_\_

**DIRECTIONS FOR ADMINISTRATION:** \_\_\_\_\_

\_\_\_\_\_

I agree to supply the medication to the school in the **original container** with the student's name and pharmacist directions 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)

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

**Emergency Contact Information:**

Name of Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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 adult student/parent's responsibility to update this information and/or medication annually and when the student's condition changes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Student/Parent/Guardian