MEDICAL ALERT FORM

BRANT HALDIMAND NORFOLK CATHOLIC
DISTRICT SCHOOL BOARD
P.O. Box 217, 322 Fairview Drive, Brantford ON N3T
5M8 Phone 519-756-6505 -- Fax 519-756-9913

In order for staff to provide proper care for the student, accurate information is required by the school. If the student has any allergies or other medical issues the school needs to be aware of, please complete this form and return it with the registration package. If this does not apply, please simply write *n/a* on the form, sign, date the form, and return it with the registration package.

STUDENT NAME: _____
please print

PART 1—ALLERGIES

Student has an allergy to: ☐ tree nuts / peanuts ☐ bee / insect stings

☐ other: _____

Student carries epi-pen: ☐ yes ☐ no Non-anaphylactic allergy/no epi-pen required: ☐

Board Policy (#200.05 8.4.2) states that students are required to carry their epi-pen on their person. Also, a second epi-pen can be housed in the school's main office.
If the student requires an epi-pen, where do they keep at school?: _____

Please describe the student's reaction/symptoms/signs and step-by-step procedures to follow in case of an anaphylactic emergency:

_____

_____

PART 2—ASTHMA

My child has asthma:: ☐ yes ☐ no Student carries inhaler: ☐ yes ☐ no

PART 3—OTHER MEDICAL ISSUES

The student has the following medical condition (not previously noted above):

_____

The student has the following restrictions: _____

Please describe the student's reaction/symptoms/signs and step-by-step procedures to follow in case of an emergency::

_____

_____

STUDENTS WITH ANAPHYLAXIS, ASTHMA, DIABETES, EPILEPSY, OR OTHER PREVALENT MEDICAL CONDITIONS, WILL BE ASKED TO COMPLETE A *PLAN OF CARE* ANNUALLY AND PROVIDE IT TO THE SCHOOL.

Parent/Guardian Signature: _____ date: _____