

## STUDENT MEDICAL FORM

The purpose of this form is to collect information required to support the student's medical needs at school, while on school-sponsored activities, including co-op placements and while on the bus. Information shall be shared as required with school staff/volunteers, the Simcoe County Student Transportation Consortium (SCSTC) and contracted vehicle operators and their drivers.

Life-threatening medical emergency plans will be posted in an area determined by the school principal (e.g., the staff room) for the purpose of facilitating emergency response for students with life-threatening conditions in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Protection Act*. Any questions or concerns regarding the collection, use and disclosure of this information may be referred to the principal of the school.

### A. STUDENT INFORMATION *(please print)*

<b>First &amp; Last Name</b>	<b>School</b>	<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>D.O.B. (yr/month/day)</b>	
<b>Parent/Guardian Contact #1</b>	Relationship to student	Home Phone	Business Phone	Cell Phone	
<b>Parent/Guardian Contact #2</b>	Relationship to student	Home Phone	Business Phone	Cell Phone	
<b>Parent/Guardian Contact #3</b>	Relationship to student	Home Phone	Business Phone	Cell Phone	
<b>Parent/Guardian Contact #4</b>	Relationship to student	Home Phone	Business Phone	Cell Phone	
<b>Parent/Guardian Contact #5</b>	Relationship to student	Home Phone	Business Phone	Cell Phone	

### B. EMERGENCY CONTACT INFORMATION

<b>Name of Emergency Contact #1</b>	Relationship to student	Home Phone	Business Phone	Cell Phone
<b>Name of Emergency Contact #2</b>	Relationship to student	Home Phone	Business Phone	Cell Phone

### C. DOES THE STUDENT RIDE THE BUS TO SCHOOL?

YES  NO

<b>Bus Route #</b>	<b>Bus Operator</b>	<b>Approved Alternate Arrangements</b>
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**D. LIFE-THREATENING MEDICAL CONDITIONS AND/OR LIFE-THREATENING ALLERGIES**

*(please print)*

Does the student have any life-threatening conditions or life-threatening allergies? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> List: _____
Does the student have asthma? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> Triggers: _____
Life-threatening condition or allergy and symptoms or warning signs which indicate that treatment or assistance may be required (to be entered in student information system medical field 1 - SIS).
Outline all emergency procedures that this condition may require, including administration and location of medication (to be entered in student information system medical field 2 - SIS).

**E. NON-LIFE-THREATENING MEDICAL CONDITION AND/OR ALLERGIES**

Does the student have any other medical conditions or allergies that may require attention while at school, at school - sponsored events or on the bus? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Condition or allergy and symptoms or warning signs that indicate that treatment or assistance are required (to be entered in student information system medical field 3 - SIS).
Outline any action this condition may require (to be entered in student information system medical field 3 - SIS).

**F. ADMINISTRATION OF MEDICATIONS/PROCEDURES TO FOLLOW**

Does the student require administration of medication for his/her condition while at school? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
Name/Type of Medication		
Directions for Storage/Safe Keeping ( <i>i.e.</i> refrigeration)	Dosage/Amount	
Frequency <input type="checkbox"/> Daily      Schedule : _____ <input type="checkbox"/> Occasionally      Additional Information: _____		
Method of Administration		
Duration of Administration (if applicable)	Start Date:	End Date:
<b>Does the student reliably:</b> <input type="checkbox"/> Take own medication when needed? <input type="checkbox"/> Request assistance when needed?		
Reaction to medication (e.g., symptoms, side effects)		
Reaction to missed medication		

**G. PROHIBITED ACTIVITIES** *(please print)*

Identify any school or extra-curricular activities that the condition makes inappropriate for the student (e.g. running, jumping).

**ACKNOWLEDGEMENT**

**Physicians and parents/adult students, please note:** This plan remains in effect for the current school year or upon receipt of written instructions from the parent/guardian/adult student to revoke the plan.

A new Student Medical Form must be completed and reviewed with the principal: a) annually, or where there are no changes to the plan, upon receipt of written authorization from the parent/guardian/adult student to extend the plan for one additional school year *(to a maximum of two school years)* which shall be indicated by signing and dating the existing MRP; or b) if revisions to the plan are required, or c) if the student transfers schools.

**H. APPROVALS** *(ALL sections to be completed by physician)*

Physician's Name <i>(please print)</i> :	Physician's Signature:	Date:
Physician's Address <i>(please print)</i> :		Physician's Phone Number:

**I. CONSENT**

I have completed the Student Medical Emergency Form for my child/myself (Adult Student) and confirm that it is accurate. Should any changes or updates be required to this plan, I will contact the school to revise the plan accordingly. I acknowledge that the plan shall be shared as required with school staff/volunteers, the SCSTC and their contracted school vehicle operators and their drivers, and Co-operative Education Placement Supervisors (where applicable) for the purpose of responding to a medical emergency, as defined in the plan.

**J. FORM COMPLETED BY** *(To be signed by both Parents/Legal Guardians and Student)*

Parent/Legal Guardian/Adult Student Name <i>(please print)</i> :	Signature:	Date:
Parent/Legal Guardian Name <i>(please print)</i> :	Signature:	Date:
Student's Name <i>(please print)</i> :	Signature: <i>(for student 16 years of age or over)</i>	Date:

The information collected on this form is collected in accordance with the *Education Act* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection of this personal information should be directed to the FOI/RM Officer, Simcoe County District School Board, 1170 Highway 26, Midhurst, ON L0L 1X0 (705) 734-6363 ext. 11265.

