Simcoe County District School Board

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)*

First and Last Name	**School**			**D.O.B.** *(yr/month/day)*
Parent/Guardian Contact #1	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #2	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #3	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #4	Relationship to student	Home Phone	Business Phone	Cell Phone
Parent/Guardian Contact #5	Relationship to student	Home Phone	Business Phone	Cell Phone

B. EMERGENCY CONTACT INFORMATION

Name of Emergency Contact #1	Relationship to student	Home Phone	Business Phone	Cell Phone
Name of Emergency Contact #2	Relationship to student	Home Phone	Business Phone	Cell Phone

C. DOES THE STUDENT RIDE THE BUS TO SCHOOL?

YES ◯ **NO** ◯

Bus Route #	**Bus Operator**	**Approved Alternate Arrangements**

Simcoe County District School Board

D. LIFE-THREATENING MEDICAL CONDITIONS AND/OR LIFE-THREATENING ALLERGIES

(please print)

Does the student have any life-threatening conditions or life-threatening allergies? **YES** ◯ **NO** ◯ **List:** _____
Does the student have asthma? **YES** ◯ **NO** ◯ **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 3 - 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? **YES** ◯ **NO** ◯
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 2 - 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 their condition while at school? **YES** ◯ **NO** ◯		
Name/Type of Medication		
Directions for Storage/Safe Keeping *(e.g. refrigeration)*		Dosage/Amount
Frequency ☐ Daily Schedule : _____ ☐ Occasionally Additional Information: __		
Method of Administration		
Duration of Administration (if applicable)	Start Date:	End Date:
Does the student reliably: ☐ Take own medication when needed? ☐ Request assistance when needed?		
Reaction to medication (e.g. symptoms, side effects)		
Reaction to missed medication		

Simcoe County District School Board

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

Physician and parent(s)/guardian(s)/adult student, 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 (SMF) 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 SMF; or b) if revisions to the plan are required, or c) if the student transfers schools. A physician's signature is required if school staff are administering medication.

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

Physician's Name (*please print*):	Physician's Signature (required if staff are administering medication):	Date:
Physician's Address (*please print*):		Physician's Phone Number:

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.

FORM COMPLETED BY (*To be signed by parent/guardian and student)*

Parent/Guardian/Adult Student Name (*please print*):	Signature:	Date:
Parent/Guardian Name (*please print*):	Signature:	Date:
Student's Name (*please print*):	Signature: *(for student 16 years of age or over)*	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 Controller, Simcoe County District School Board, 1170 Highway 26, Midhurst, ON L9X 1N6 (705) 734-6363 ext. 11254.