School District No.22 (Vernon)
Inclusive Education
1401 – 15th Street, Vernon, BC V1T 8S8 250-549-9240

MEDICAL ALERT PLANNING FORM

STUDENT LAST NAME:
STUDENT FIRST NAME:
D.O.B:

PLEASE PROVIDE PHOTO

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

School:	**Grade:**

Parent/Legal Guardian Name:	
Work Phone (Guardian 1):	**Cell/Home:**
Work Phone (Guardian 2):	**Cell/Home:**

EMERGENCY INFORMATION	
Contact Person:	**Phone:**
Physician:	**Phone:**

POTENTIAL LIFE-THREATENING MEDICAL CONDITION DIAGNOSED AS:

Symptoms to Watch For:		
☐ Flushed face	☐ Vomiting, nausea	☐ Diarrhea
☐ Swelling or itchy lips, tongue, eyes	☐ Dizziness, unsteadiness	☐ Stomach pains
☐ Tightness in throat, mouth, chest	☐ Sudden fatigue	☐ Rapid heartbeat
☐ Wheezing, coughing, choking	☐ Loss of consciousness	☐ Difficulty in breathing or swallowing

New Condition	**☐ Yes ☐ No**	**Date condition identified:**
Describe the potential problem:		

PLAN WHILE IN THE CARE OF THE SCHOOL **The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician, and reviewed as needed with the appropriate school staff (and volunteers or classmates) in consultation with the Public Health Nurse.**		
Symptoms to watch for are:		
Precautions in the classroom are**:**		
Medication Needed:	☐ Yes ☐ No	Name of Medication:
Where medication is located:	☐ on student	☐ in school (location):

Emergency Plan School Staff Need to Follow (step by step):
1.
2.
3.
4.
5.

A copy of this form will be provided to the Transportation Department after each update REVIEWED

Parent/Legal Guardian Name: _____ Signature: _____ Date: _____

School Rep Name: _____ Signature: _____ Date: _____

The information on this form is collected under the authority of the School Act. The information will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 & 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the information and privacy coordinator, School District No. 22 (Vernon).