



# TERRY FOX SECONDARY

## MEDICAL ALERT FORM

### STUDENT INFORMATION

<i>Student Last Name</i>	<i>Student First Name</i>
<i>Birthdate (yyyy/mm/dd)</i>	<i>Care Card #</i>
<i>Home Phone</i>	<i>Parent/Guardian Email Address</i>
<i>Medical condition that may require emergency care at school</i>	
<i>Symptoms and potential side effects of medical condition</i>	

### CONTACT INFORMATION

<i>Mother's/Guardian Name</i>	<i>Father's/Guardian Name</i>
<i>Mother's/Guardian Cell Phone</i>	<i>Father's/Guardian Cell Phone</i>
<i>Physician's Name</i>	<i>Physician Phone Number</i>

### SCHOOL-BASED MEDICATION (IF NECESSARY) (To be picked up at the end of every school year)

*Name of any medication that parents/guardians would like to leave at the school for their child's medical condition. Also, please name any medication that the student will be bringing to school on a daily basis.*

## REQUEST FOR ADMINISTRATION OF MEDICATION

Parents must complete this part of the form if their child needs medication administered at school. Please make sure that medication does not expire. It is the obligation of parents to keep a sufficient supply of any required medication at the school.

### STUDENT NAME

<i>Student Last Name</i>	<i>Student First Name</i>
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### DESCRIBE ACTION / INTERVENTION TO APPROPRIATELY TREAT MEDICAL CONDITION:

<i>Step 1</i>	
<i>Step 2</i>	
<i>Step 3</i>	
<i>Step 4</i>	
<i>Step 5</i>	
<i>Is medication needed?</i>	<i>If yes, what medication?</i>
<i>Prescribing Physician</i>	<i>Please note that any medication must be picked up from the office in June at the end of every the school year.</i>

**I have read and verified that the above information is correct.  
By typing your name in the boxes below, you are digitally signing this form.**

<i>Parent/Guardian Name</i>	<i>Date</i>
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