

## SCHOOL DISTRICT #43 (COQUITLAM) MEDICAL ALERT FORM

**IMPORTANT:** This form must be completed and submitted at the start of each school year unless an Anaphylactic Student Emergency Plan, Seizure Action Plan, or Diabetes Support Plan has been completed for the student.

Medical Alert Form		School Year:			
Last Name:					
First Name:			Photo		
Division:	Grade:		(Parents do not send photo		
Birth Date:			unless requested)		
Personal Health Care Number:					
Contact Names and Telephone Number	ers:				
Parent/Guardian 1:		Parent/Guardian 2:			
Name:		Name:			
Home Phone/Cell:		Home Phone/Cell:			
Work Phone:		Work Phone:			
Physician Name:		Phone Number:			
Indicate what medical condition this					
Describe the potential problem (include symptoms that might be observed):					

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Describe the necessary action or intervention to appropriately treat this medical condition:					
Step 1					
Step 2					
Step 3					
Step 4					
Step 5					
Is medication	on needed? ☐ Yes ☐ No				
If medication is needed, parent(s)/guardian(s) must complete a <b>Request for Administration of Medication Form</b> and no medication can be administered until that form is completed and returned to the school.					
I have read and verified that the above information is correct.					
	Parent/Guardian First Name	Parent/Guardian Last Name	Date		
Copies to:					
-	s)/Guardian(s)	☐ G4 File	☐ Medical Alert Red Binder		
☐ TTOC Bo	ook	☐ Student's Fanny Pack			