

SCHOOL DISTRICT #43 (COQUITLAM)

**MEDICAL ALERT FORM**

\*\*\* Parents must complete Section I and II and sign on reverse.  
If necessary the school will complete Section III. \*\*\*

I. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Contact Telephone #'s: (Home): \_\_\_\_\_

(Mother's or Guardian's Work): \_\_\_\_\_

(Father's or Guardian's Work): \_\_\_\_\_

Other: (Name and Phone Number): \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Indicate what medical condition this student has that may require emergency care at school:

---

---

---

---

---

---

Describe the potential problem (include symptoms that might be observed):

---

---

---

---

---

---

**THIS FORM MUST BE REVIEWED AT THE START OF EACH SCHOOL YEAR**

.....Continued on reverse side

II. Describe the necessary action or intervention to appropriately treat this medical condition:

Step 1: \_\_\_\_\_  
\_\_\_\_\_

Step 2: \_\_\_\_\_  
\_\_\_\_\_

Step 3: \_\_\_\_\_  
\_\_\_\_\_

Step 4: \_\_\_\_\_  
\_\_\_\_\_

Step 5: \_\_\_\_\_  
\_\_\_\_\_

Is medication needed? (Circle One) YES NO

If yes, what medication?: \_\_\_\_\_

Parents or legal guardian must complete a REQUEST FOR ADMINISTRATION OF MEDICATION FORM which is also available from your school principal. Parents/Guardians need to assure that this medication does not go past its expiry date. It is the obligation of the parents/guardians to keep a current supply of any required medication at the school.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

III. If training is required to administer the medication, please identify who has given the training and when it was completed. Please be aware that parents/guardians are most often the trainer. However, if assistance from the Public Health Nurse is required, please contact your school nurse:

\* Training on: \_\_\_\_\_

\* Name of Trainer: \_\_\_\_\_ Date of Training: \_\_\_\_\_

\* People Trained:

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THIS FORM MUST BE REVIEWED AT THE START OF EACH SCHOOL YEAR**