



**NOTRE DAME**

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January 7, 2019

Dear Parents:

Please find attached our St. Thomas Aquinas Catholic Schools Request for Administration of Medication/Medical Attention/Medical Alert Forms.

If your child has a **SERIOUS** Medical Alert (i.e.: Allergies, Diabetes, Heart Condition, Epi-pen or are on any continuous medication) please fill in these forms. If you are leaving your child's medication at the office for staff to administer, these forms must be filled in each year with up-dated information.

It is strongly advised by our Leduc Health Nurse, Lorna Quast, that students with Epi-pens carry their Epi-pen in a fanny pack on their person. We must also have these medical forms filled in for any students on Epi-pens. A medical alert bracelet is also strongly advised for any medical condition.

Please provide an up-dated picture of your son/daughter to post in our staffroom with the Medical form. This enables staff to identify students with serious medical conditions.

This medical information is passed on to the 911 emergency services if needed.

Thank you.

Mrs. Monique Tellier-Phillips  
Principal

66 South Park Drive  
Leduc, Alberta  
T9E 7J1  
780.986.9300 phone  
780.986.9322 fax  
[www.nd.starcatholic.ab.ca](http://www.nd.starcatholic.ab.ca)





2019-2020

## REQUEST FOR ADMINISTRATION OF MEDICATION/MEDICAL TREATMENT

(Retain copy of Page 1 and 3 in Emergency File to accompany student on all field trips)

The following information will be used for the purposes of responding to the medical needs of your child. All information placed in a student's file will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

Please Print

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Day (Mother)** \_\_\_\_\_ **Day (Father)** \_\_\_\_\_

**Other Emergency Family Contact: Name** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Personal Health Care Number (optional):** \_\_\_\_\_

### MEDICAL INFORMATION

1. Medical intervention which is being requested of school staff (Please check)

- ☐ Medication Administration
 ☐ Life threatening allergic reaction to: \_\_\_\_\_
- ☐ Medical Procedure: \_\_\_\_\_

2. Purpose of Intervention: \_\_\_\_\_

3. Why is this necessary at school? \_\_\_\_\_

4. Medical Profile (please include all medications your child takes – attach if necessary)

Name of Medication	Dose	Time			

5. Student is able to self-administer: Yes\_\_\_ No\_\_\_

6. Special storage information: \_\_\_\_\_

7. Emergency procedure in event of reaction: \_\_\_\_\_

8. Designate medical facility/hospital in the event of an emergency: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician's Telephone:** \_\_\_\_\_

This information has been provided in confidence to assist in responding appropriately to the medical needs of my child.

 \_\_\_\_\_  
(Parent Signature)

 \_\_\_\_\_  
(Date)



2019-2020

**AUTHORIZATION FOR THE ADMINISTRATION OF  
MEDICATION/MEDICAL TREATMENT**This Authorization is Subject to the Following:

- The parent or legal guardian is to provide the medication or medical supplies as prescribed or determined by the student's physician and specific details pertaining to the administration of the medical treatment.
- The medication and certain medical supplies are to be provided in the original container.
- For medical equipment, complete and clear instructions as to its proper use are to be provided and the good working order of these devices will be the responsibility of the parent.
- The parent or legal guardian is to provide instruction on the proper administration of medication intervention.
- The parent is to provide instruction on the proper administration of the medical treatment **in cooperation with and under the direct supervision of a medical practitioner/health professional familiar with the procedure (as necessary).**\*\*
- The parent/legal guardian is to repeat and update this instruction should:
  - the student's medical condition change;
  - the intervention requirements change;
  - there be a change in school staff assisting the student in the medical intervention; and
  - assisting staff request a review or refresher of the medical intervention.
- The parent/legal guardian understands that for specific medical situations, school policy will require assisting staff to summon medical practitioners or paramedics.

I have provided the above and completed the required instruction at

\_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

This session was attended by the following school staff:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Y/M/D)

I have supervised and assisted with the instruction of this medical intervention.

\_\_\_\_\_  
Medical Practitioner/Health Professional

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (Y/M/D)



2019-2020

**MEDICAL TREATMENT PROCEDURES**

The parent, in consultation with the attending physician or other appropriate health professional, is responsible for providing the specific procedures for this Medical Intervention (attach illustrations and/or diagrams where necessary).

SYMPTOMS/EVENTS	ACTION

I have provided the above information, in consultation with the following professional.

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Parent/Guardian Signature

---

Date (Y/M/D)

---

Medical Practitioner/Health Professional

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Title

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Date (Y/M/D)

### Administration of Medication/Medical Treatment

**Dated at \_\_\_\_\_, in the Province of Alberta,**

**Signature of Parent/Guardian**

**Signature of Witness**

**ST. THOMAS AQUINAS RCSR No. 38 FORMS MANUAL**



2019/2020

FORM 315-3

## PERMISSION TO POST STUDENT MEDICAL INFORMATION

The Freedom of Information and Protection of Privacy (FOIP) Act sets controls and standards on how school boards collect, use, disclose, and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture, and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the FOIP Act.

I \_\_\_\_\_ hereby grant consent to  
(parent/guardian)

St. Thomas Aquinas Catholic Schools to post my child's information as listed and  
described on the Medical Alert Form.

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Questions or concerns regarding this information may be directed to:  
St. Thomas Aquinas Catholic Schools at 4906 – 49 Avenue, Leduc, AB T9E 6W6  
Phone 1.800.583.0688 or 780.986.2500



2019/2020

FORM 315-4

## MEDICAL ALERT

(Post on Staffroom Bulletin Board for All Staff)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Symptoms of Reaction: \_\_\_\_\_

**DO THIS IMMEDIATELY:** \_\_\_\_\_

\_\_\_\_\_

Staff who know how to help student: \_\_\_\_\_

\_\_\_\_\_

Photo  
of  
Student

Medical Treatment: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method of Administration: \_\_\_\_\_

Location of Medication: \_\_\_\_\_

Administer within \_\_\_\_\_ minutes.

If no relief: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**N.B. For life-threatening reactions call 911 for Ambulance**