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August 28, 2024

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 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

SAINT THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS

2024 - 2025

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 Medicati					

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)

2024 - 2025

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.

Parent/Guardian Signature _____ Date (Y/M/D) _____

Medical Practitioner/Heath Professional _____ Title _____ Date (Y/M/D) _____

2024 - 2025

RELEASE FORM

Administration of Medication/Medical Treatment

The undersigned, _____, being the legal parent/legal guardian of _____, a student of St. Thomas Aquinas Roman Catholic Regional Division #38, do hereby request and authorize personnel employed by the School Division to provide necessary first aid and medical treatment to the said student, and for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the School Division associated with the rendering of first aid or administering of medical treatment to the said student. Further, the undersigned parent/legal guardian recognize and acknowledge that the personnel employed by the School Division who may, as a result of this request, be rendering first aid or administering medical treatment to the said student, are not medical practitioners.

Dated at _____, in the Province of Alberta,

This _____ of _____ A.D., _____.
Day Month Year

_____ _____
Signature of Parent/Guardian Signature of Witness

Note: School to retain copy in student file – School to provide copy to parent/guardian.

2024 - 2025

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

2024 - 2025

MEDICAL ALERT

(Post on Staffroom Bulletin Board for All Staff)

Photo of Student

Student Name: _____ Grade: _____

Teacher: _____

Medical Condition: _____

Symptoms of Reaction: _____

DO THIS IMMEDIATELY: _____

_____

Staff who know how to help 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