



**NOTRE DAME**  
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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](http://www.nd.starcatholic.ab.ca)





**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 Medication	Dose	Frequency	Indication	Physician

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**

**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)

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

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

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

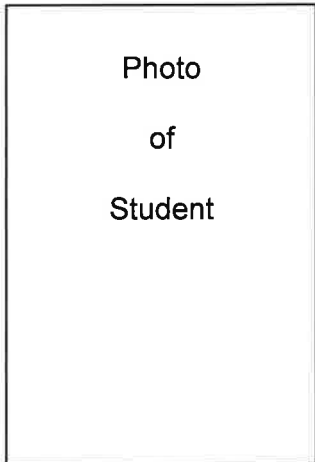
Symptoms of Reaction: \_\_\_\_\_

**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**