

August 25, 2025

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.

M Marc St. Jean
Principal



Parent/Guardian Medical Procedure Request/Waiver

Name of Student _____ AB Health Care # _____
(optional)

Birthdate _____ Home Telephone _____

Address _____

Emergency Contact Name & Telephone _____

Medical Condition _____

** Procedure Required: (Indicate specific details) _____

Name of Doctor _____ Doctor's Telephone _____

Name of Medication _____

Pharmacy _____ Pharmacy Telephone _____

The time(s) medication/procedure is to be given _____

Dosage and/or related instructions _____

Possible side effects _____

Special procedures or instructions _____

We, the parents/guardians of _____ request the procedures identified above and hereby release and indemnify all rights of action on behalf of ourselves and/or our child in case of any cause of action that may arise as a result of proceeding with our request for administering medication or medical procedure.

OR

We, the parents/guardians of _____ exercise our right NOT to provide an adequate supply of up-to-date auto-injection or other prescribed medications.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____



Parent/Guardian Medical Procedure Request/Waiver

SCHOOL USE

Location where medication/personal or care supplies are kept

Person designated to administer or provide procedure _____

Alternate person(s) _____

**Where procedures beyond a written prescription are required, written instructions from the doctor shall be attached.



Anaphylaxis Emergency Plan

This person has a potentially life-threatening allergy (anaphylaxis) to:

Name of Student _____

Photo
of
Student

Check the appropriate boxes.

☐ Peanut ☐ Tree Nuts ☐ Egg ☐ Milk ☐ Insect Stings ☐ Latex

☐ Other: _____ ☐ Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage: ☐ EpiPen® Jr.0.15 mg ☐ EpiPen® 0.30 mg ☐ Twinject™ 0.15 mg ☐ Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

☐ Asthmatic: Person is a greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps in females

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly: The first signs of a reaction can be mild, but symptoms can get worse very quickly:

1. Give epinephrine auto-injector (e.g. EpiPen® pr Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
2. Call 911. Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. Go to the nearest hospital, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. Call contact person.



Anaphylaxis Emergency Plan

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian or patient, authorizes any adult to administer epinephrine to the above-name patient in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Parent/Guardian or Patient Signature

Date

**PERMISSION TO POST STUDENT MEDICAL INFORMATION****2025 / 2026**

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 – 50 Avenue, Leduc, AB T9E 6W9
Phone 1.800.583.0688 or 780.986.2500



2025 / 2026

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: _____

For life-threatening reactions call 911 for Ambulance