



MEDICAL ALERT PLANNING FORM

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL



Not to be used for Anaphylaxis Students
School District No. 73 (Kamloops-Thompson)



For School Year		BC Care Card #		PHOTO ID
Student Name:			Birth Date: (Y / M / D)	
Parent or Guardian			Home Phone: _____ Bus Phone: _____	
Emergency Contact Name:			Phone: _____	
Physician:			Phone: _____	

Potentially life-threatening medical condition diagnosed as: _____

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem: _____

PLAN WHILE IN THE CARE OF THE SCHOOL:

To be updated annually and when the student 's condition changes. The plan is updated by the student/parent/guardian, in consultation with the family physician and or health care practitioner and reviewed with principal in consultation with the public health nurse as needed.

- Symptoms to watch for are:

- Preventative measures:

Medication needed: Yes No Name of medication: _____

(If yes “Request for Administration of Medication at School” form Parts A, B, & C must be completed and provided to the school).

Please note this document is not to be used for Anaphylactic students, please use Anaphylactic Student Emergency Procedure Plan

***Emergency Plan** school staff need to follow (step by step):

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

INFORMATION REVIEW by parent/guardian:
(Review minimum annually)

1. _____
Sign & Date
2. _____
Sign & Date
3. _____
Sign & Date
4. _____
Sign & Date

TRAINING REVIEW:
(Review minimum annually)

1. _____
Sign & Date
2. _____
Sign & Date
3. _____
Sign & Date
4. _____
Sign & Date

ADMINISTRATIVE GUIDELINES FOR MANAGING STUDENTS WITH MEDICAL ALERT CONDITIONS

School District No. 73 (Kamloops-Thompson) and Interior Health (Public Health)