



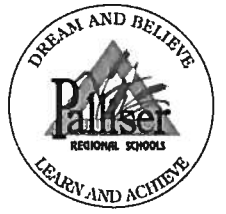
PALLISER REGIONAL SCHOOLS REQUEST FOR SCHOOL ASSISTANCE TO ADMINISTER MEDICAL TREATMENT/ PHYSICAL CARE PROCEDURES

This form is to be completed if a physical or medical condition requires school staff to provide accommodating procedures. This serves to reinforce that persons administering medical treatment/physical care procedures are not licensed medical personnel.

STUDENT HEALTH INFORMATION

STUDENT: _____ Alberta Education ID # _____

PHYSICAL OR MEDICAL CONDITION (To be completed by Parent/Legal Guardian or Independent Student) <p>Please state full particulars and provide any special instructions for the school staff in the space below.</p>		
Nature of Condition: _____ _____ _____ _____		
Required Procedures: _____ _____ _____ _____ _____ _____		
Name of Parent/Legal Guardian or Independent Student (please print):	Signature of Parent/Legal Guardian or Independent Student:	Date:
Procedure Training Provided by: _____ _____		
Certification of Acquisition of Required Skills: I, _____, have provided training in the above-noted procedures and attest that _____ has demonstrated proficiency that meets with my expectations.		



PALLISER REGIONAL SCHOOLS MEDICAL ALERT FORM

Post on Staff Room Bulletin Board for All Staff

Student: _____ Grade _____

PHOTO OF STUDENT:

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**

PALLISER REGIONAL SCHOOLS PERMISSION TO POST STUDENT MEDICAL INFORMATION



The *Freedom of Information and Protection of Privacy Act* (FOIP) 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, _____ (parent/guardian) hereby grant consent to Palliser Regional Schools to post my child's information as listed and described on the Medical Alert Form.

Full Name of Student

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Questions or concerns regarding this information may be directed to:

Palliser Regional Schools

#101, 3305 – 18 Avenue North, Lethbridge, AB T1H 5S1

Phone: (403) 328-4111 (1-877-667-1234 toll-free)