



ECOLE SECONDAIRE **SENTINEL** SECONDARY SCHOOL  
1250 Chartwell Drive, West Vancouver, B.C. V7S 2R2  
Telephone: (604) 981-1130 Fax: (604) 981-1131

**Emergency Medical Management at School for  
Children with Medically Diagnosed Life Threatening Conditions**

Please notify the school if your child has any or all of the following:

**A medically diagnosed** health condition(s), which may require emergency care at school, such as: anaphylaxis, diabetes, severe asthma, seizure disorder, blood clotting disorders or serious heart conditions. Please complete the form on the back of this notice and return it to the school for life threatening conditions, or where medications must be stored in the office (Doctor's signature required).

The purpose of the medical alert list is to communicate a student's life threatening condition and their needs to school staff to ensure their safety should a medical emergency arise.

Cooperation is necessary between parents, students and school staff to ensure a safe school environment for each child with a life threatening condition. The Community Health Nurse acts as a resource.

In order to ensure a safe school environment we ask parents and students to agree to the following responsibilities:

**Parent/Guardian:**

- Complete the medical alert information.
- Provide the school with doctor instructions and signatures if needed.
- Supply the school with medication and replace when expired or depleted.
- Provide your child with a medic alert bracelet.
- Review medical alert information with school staff annually.
- Notify the school staff of any changes in the student's health status during the school year.
- Participate in educating staff/students regarding your child's medical alert condition.
- Ensure that your child has emergency medication with him/her on field trips.

**Student:**

- Participate in self-care activities as appropriate for your age.
- Wear a medic alert identification bracelet/necklace.
- Inform school staff and friends of medical alert condition.
- Avoid allergy triggers or other potentially harmful situations.

Signature: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_

## Medical Alert Information Sheet

School: \_\_\_\_\_ Date: \_\_\_\_\_

A. Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

- B. To be completed by parent/guardian of a student with life-threatening health issues that may be an issue at school. Note: We can only give medications you have provided, with the prescribing doctor's signature.

### Emergency Action Plan

Student Information	Medical Condition	Symptoms	Plan of Action (Number in order of priority: 1= most important - 2, 3,4,5 = least important)
Child's Name:  Grade:			Administer Medication  Call 911  Call Parents  Provide juice/snack (if appropriate for diabetes, etc.)  Other

- C. To be completed by prescribing Physician, if emergency medication is required at school (e.g. Epipen). Please print. (It is recommended that if your child needs an Epipen, that one should be stored in the office).

Medication	Dose	Route	Frequency	Directions

Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_