

PRINCE OF WALES SECONDARY SCHOOL 2022-23 EMERGENCY MEDICAL INFORMATION SHEET

Student Last Name:	Grade:
Student Legal First Name:	
Personal Health #:	Student #:
Does your child have any of the following emergency care at school? Severe asthma Life-threatening allergy (anaphylax	g medical conditions which may require Seizure disorder/epilepsy
Lire-threatening allergy (anaphylax	xis) Diabetes
Other:	
None of the above	
Is there anything the school needs to know	w about this condition?
In the event of a medical emergency at sci condition?	chool, what action is necessary for the above
Prescribed medication(s) for chronic condi	itions:
CONTACT INFORMATION:	
Contact Name:	
Cell Phone #:	
Alternate Contact:	
Cell Phone #:	Home Phone #:
If your child needs assistance or suplease indicate.	upervision to take a medication at school,
•	nt/guardian to provide the school with any re.
Inform the school if the student's emerger changes during the year	ncy contact information or health condition
CONSENT:	
I hereby authorize the supervising teacher daughter should the need arise. Should a supervisor will make an effort to contact to	
Signature of Parent/Guardian	

PLEASE SIGN AND DATE AND RETURN TO THE SCHOOL OFFICE

The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information will be used for education programs and administrative purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97 (2) of the School Act. The information will be protected under the Freedom of Information and Protection of Privacy Act. If you have questions about the collection or use of this information, please contact your school principal.