

## PRINCE OF WALES SECONDARY SCHOOL 2023-24 EMERGENCY MEDICAL INFORMATION SHEET

Student Last Name:	Grade:
Student Legal First Name:	
Student Usual Called Name:	
Personal Health #:	Student #:
Does your child have any of the following medi emergency care at school?	ical conditions which may require
Severe asthma	Seizure disorder/epilepsy
Life-threatening allergy (anaphylaxis)	Diabetes
Other:	
None of the above	
Is there anything the school needs to know abo	ut this condition?
In the event of a medical emergency at school, condition?	what action is necessary for the above
Prescribed medication(s) for chronic conditions:	·
CONTACT INFORMATION:	
Contact Name:	
	ome phone #:

Cell Phone #:	Home phone #:
Alternate Contact:	
Cell Phone #:	Home Phone #:

- If your child needs assistance or supervision to take a medication at school, please indicate.
- It is the responsibility of the parent/guardian to provide the school with any medication the student may require.

Inform the school if the student's emergency contact information or health condition changes during the year

## CONSENT:

I hereby authorize the supervising teacher to obtain medical treatment for my son/ daughter should the need arise. Should a need for medical treatment arise the supervisor will make an effort to contact the parent or guardian.

## Signature of Parent/Guardian

Date

## 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.

https://vsbworld-my.sharepoint.com/personal/cmcknight\_vsb\_bc\_ca/Documents/SCHOOL START UP/2022-2023/Emergency Medical Information Sheet.doc