



This form should be completed and reviewed annually if:

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

V1.1

Student Name	Date
Home Room	Grade

Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies, diabetes, and some seizures. YES NO

If yes, please explain:

****Please note, in the case of anaphylactic allergies, we will require a note from your medical professional indicating whether the allergy requires a classroom ban OR a school-wide ban.**

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, but is not limited to pregnancy, panic attacks, and non-life threatening allergies. YES NO

If yes, please explain:

Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers*?

Do you permit the school to create a Medical Alert: Yes No

Would you like this alert to expire after a set amount of time? Yes Date: / / (mm/dd/yyyy)

*Please note that alerts will be created for all anaphylactic allergies