



ÉCOLE SECONDAIRE  
**HANDSWORTH**  
SECONDARY SCHOOL



Dear Parents/Guardians:

**Re: Students with Medically Diagnosed Life-Threatening Conditions**

Ensuring a safe and healthy school environment is a responsibility shared by students, parents and staff. It is important that we have an accurate account of students with serious medical conditions in order to create the Medical Alert List.

The purpose of the Medical Alert List is to communicate a student's **MEDICALLY DIAGNOSED, life-threatening condition** and his/her needs to school staff to ensure their safety should a medical emergency arise.

Should your child have a medical condition, and in order to ensure a safe school environment, we ask the parents and students to agree to the following responsibilities:

**Parent/Guardian**

- **Complete the medical alert information sheet (Forms are available on the website or in the Main Office)**
- **Supply the school with medication and replace it when it has expired or is depleted**
- **If onsite medication is required a doctors signature is a must on the form**
- **Review medical alert information with school staff annually (especially classroom teachers)**
- **Notify the school staff of any changes in your child'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 age**
- **Inform school staff and friends of medical alert condition**
- **Avoid allergy triggers or other potentially harmful situations**

It is the responsibility of the parent/guardian to inform the school if your child has a **MEDICALLY DIAGNOSED, life-threatening** health condition. Please return the completed form to the main office. We will assume that no condition exists if the enclosed form is not returned and 911 will be contacted should an emergency arise. Thank you for your attention to this important matter.

Sincerely,

Justin Wong  
Vice Principal

**Medical Alert Information Sheet**

<b>School:</b>	<b>Date:</b>
<b>Name of Student:</b>	<b>Date of Birth:</b>
<b>Parent/Guardian:</b>	<b>(Parent) Signature:</b>
<b>Home Tel #:</b>	<b>Bus. Tel #:</b>
<b>Physician:</b>	<b>Tel:</b>
<b>PHN / Care Card:</b>	

**To Be Completed by Parent:**

<b>Emergency Action Plan</b>			
<b>Student Information</b>	<b>Medical Condition</b>	<b>Symptoms</b>	<b>Plan of Action</b> (Number in order of priority: 1=Most important – 5 Least important)
Child's Name:  Grade:  Class/home room Teacher:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Heart Condition		<input type="checkbox"/> Administer Medication <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parents <input type="checkbox"/> Provide juice/snack (if appropriate for diabetes, etc.) <input type="checkbox"/> Other

**To be completed by prescribing Physician if emergency medication is required at school (e.g. rescue inhalers, seizure medication, and food for diabetic students):**  
*(Please Print)*

<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Directions</b>

<b>Physician's Name:</b>	<b>Signature:</b>
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