

# Sentinel Secondary School Medical Alert Information Sheet 2020-2021

**Life Threatening**  
(e.g. anaphylaxis)

For Information Only  
(non-life threatening)

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

Name of Student: \_\_\_\_\_  
(Please print first name & last name)

Date of Birth: \_\_\_\_\_  
(Day-Month-Year)

Name of Parent/Guardian: \_\_\_\_\_

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

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

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

Personal Health Number (PHN): \_\_\_\_\_

**What is the medically diagnosed health condition, symptoms, and possible emergency treatment?**

**If emergency medication is required to be kept at school (e.g. EpiPen), please have the prescribing physician complete the section below:**

Name of Medication	Dose	Route	Frequency	Directions

Name of Prescribing Physician: \_\_\_\_\_

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

**PLEASE NOTE:**

1. We can only give medications you have provided, with the prescribing doctor's signature.
2. Replace medications kept at school when they expire or when they are depleted.
3. Review this medical alert information with school staff annually.
4. Notify the school staff of any changes in the student's health status during the school year.
5. Ensure that your child has emergency medication with him/her on field trips.