

STUDENT MEDICAL FORM

The purpose of this form is to collect information required to create a Medical Response Plan to support the student's medical needs at school, while on school-sponsored activities, including co-op placements, and while on the bus. Information shall be shared as required in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act* with school staff, the Simcoe County Student Transportation Consortium (SCSTC), contracted vehicle operators and their drivers, and emergency medical services. Any questions or concerns regarding the collection, use and disclosure of this information may be referred to the principal of the school.

A. STUDENT INFORMATION *(please print)*

First and Last Name	School	D.O.B. (year/month/day)

B. LIFE-THREATENING MEDICAL CONDITIONS

<p>Does the student have any life-threatening conditions or life-threatening allergies? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>A Plan of Care form must be completed for each of the life-threatening medical conditions.</p> <p> <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Other: </p>
<p>Life-threatening conditions or allergies and symptoms or warning signs and triggers which indicate that treatment or assistance may be required. Only include health concerns and allergies that are "life-threatening". Non-life-threatening health concerns and allergies should be reported in section C. Medical plan details for life threatening conditions should be entered in section D.</p>

C. NON-LIFE-THREATENING MEDICAL CONDITIONS AND/OR ALLERGIES

<p>List all non-life-threatening medical conditions that may require attention while at school, at school events or on the bus.</p>	
<p>Condition:</p>	<p>Medical Plan - Actions Required:</p>

D. MEDICAL PLAN

Emergency procedures for life-threatening medical conditions – summary of information provided in Plans of Care. Outline all emergency procedures that the condition(s) may require, including administration and location of medication.

Condition(s):

Medical Plan - Actions Required:

List any other medical information that does not affect student's attendance at school, but is necessary for the emergency medical services to be aware of in case of an emergency (e.g., allergic to anesthesia or other medication; cannot have transfusions):

E. ADMINISTRATION OF MEDICATIONS/PROCEDURES TO FOLLOW

Does the student require administration of medication for their condition while at school?

YES NO

Name/Type of Medication

Directions for Storage/Safe Keeping (e.g., refrigeration)

Dosage/Amount

Frequency:

Daily:

Schedule:

Occasionally/as needed:

Provide details of when medication should be administered:

Notify parent(s)/guardians when medication was administered: YES NO

Method of Administration

Duration of Administration
(if applicable)

Start Date (year/month/day):

End Date (year/month/day):

Does the student reliably:

Take own medication when needed?

Request assistance when needed?

Reaction to medication (e.g., symptoms, side effects)

Reaction to missed medication

F. PROHIBITED ACTIVITIES (please print)

Identify any school or extra-curricular activities that the condition makes inappropriate for the student (e.g., running, jumping).

ACKNOWLEDGEMENT

Health care professional and parent(s)/guardian(s)/adult student, please note: a new Student Medical Form (SMF) must be completed and reviewed with the principal: a) annually or when new medical information becomes available, or where there are no changes to the plan, upon receipt of written authorization from the parent(s)/guardian(s)/adult student to extend the plan for one additional school year (to a maximum of two school years) which shall be indicated by signing and dating the existing SMF; or b) if revisions to the plan are required, or c) SMF becomes obsolete, or d) if the student transfers schools.

G. HEALTH CARE PROFESSIONAL APPROVAL

A health care professional's signature is required if a student has a Plan of Care for a life-threatening medical condition.

Health Care Professional's Name <i>(please print):</i>	Health Care Professional's Signature:	Date <i>(yy/mm/dd)</i> :
Address <i>(please print):</i>		Phone Number:

H. CONSENT

I have completed the Student Medical Form for my child/myself (adult student) and confirm that it is accurate. Should any changes or updates be required to this form, I will contact the school to revise the plan accordingly. I acknowledge that the plan will be shared as required with school staff, volunteers, the SCSTC and their contracted school vehicle operators and their drivers, and co-operative education placement supervisors (where applicable) for the purpose of medical condition management and for responding to a medical emergency.

Parent/Guardian Name <i>(please print):</i>	Signature:	Date <i>(yy/mm/dd)</i> :
Parent/Guardian Name <i>(please print):</i>	Signature:	Date <i>(yy/mm/dd)</i> :
Adult Student's Name <i>(please print):</i>	Signature: <i>(for student 16 years of age or older)</i>	Date <i>(yy/mm/dd)</i> :

I. YEAR TWO MEDICAL PLAN UPDATE

<input type="checkbox"/> NO CHANGE to the medical information provided on this form last school year <input type="checkbox"/> Medical information has changed, new SMF required <input type="checkbox"/> Medical information obsolete		
Parent/Guardian/Adult Student Name <i>(please print):</i>	Signature:	Date <i>(yy/mm/dd)</i> :

The information collected in connection this form is collected under the authority of the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, and the use, retention, and release of such information is governed by the provisions of those Acts. If you have any questions about this form, please email privacy@scdsb.on.ca or call the board office at (705) 734-6363.

Administration of Medication and Medical Response Plan Development
Parent(s)/Guardian(s)/Adult Student Responsibilities

1. Ensure accurate emergency contact information is provided to the school:
 - at time of registration
 - each September by completing the Student Information Verification Form
 - in writing any time information is updated;
2. Provide accurate information during the first 30 school days of every school year and, as appropriate during the school year;
3. Consult with your health care professional where medication is required, to determine if the medication could be administered at a time other than during the school day;
4. Provide the school with a completed and accurate SMF (FORM 1420 – 1) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
 - when student registers to attend the school
 - as the student's medical needs change and/or new medical information is provided,
 - or the SMF becomes inactive after two years;
5. **Sign an SMF every school year;**
6. Provide the school with a completed and accurate applicable POC(s) and work with the principal to develop an MRP based on the health care professional's instructions for the student:
 - when student registers to attend the school;
 - as the student's medical needs change and/or new medical information is provided;
 - when the POC becomes inactive based on the information noted in 'Authorization/Plan Review' section of the POC;
7. Ensure a signature of health care professional is obtained when POC or a PRN is required;
8. Upon transfer of the student to a new SCDSB school, provide the new school with a copy of the MRP, or complete a new SMF;
9. Consider the need for a medical alert symbol when it is necessary to identify that the student may require emergency treatment;
10. Provide the school with details regarding the recognition of symptoms and actions to be taken if/when side effects occur;
11. Provide information for staff administering medication as required by the condition, in consultation with the school principal;
12. Ensure prescription medication supplied to the school includes the following:
 - original prescription package;
 - name of the student;
 - name of the medication;
 - health care professional's name;
 - dispensing instructions and dosage on the medication label; and,
 - expiry date for the prescribed medication.
13. Ensure non-prescription medication is supplied to the school, and an SMF is completed for such medication:
 - in a container clearly labeled with student's name;
 - medication must not be expired; and,
 - dispensing instructions provided by the parent must match the instructions provided on the packaging and be age appropriate.
14. Discuss with the principal the quantity of medication to be stored at school or on the child's person;
15. Notify the principal of situations when medication should not be given;
16. Replace the medication upon expiry and collect any unused medication at the end of the school year;
17. Make arrangements for safely transporting the medication to and from the school; and,
18. Help teach the student, as developmentally appropriate to:
 - recognize the first symptoms of the condition and/or when medication is required;
 - know where the medication is kept;
 - communicate clearly when they feel the onset of any symptoms related to their medical condition;
 - not share snacks, lunches or drinks of other students;
 - be aware of the importance of hand and face washing; and,
 - take as much responsibility as possible for their own safety.