



**MEDICAL ALERT PLANNING FORM  
INFORMATION AND PLAN  
WHILE IN THE CARE OF THE SCHOOL**  
School District No. 73 (Kamloops/Thompson)



**Fill out page 1 for all conditions except *anaphylaxis*, fill out page 2 if child is *anaphylactic*.**

For School Year

MSP# \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Y / M / D)

Parent or Guardian \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_



**Potentially life threatening medical condition diagnosed as:** \_\_\_\_\_

1. New Condition:  Yes  No Date condition identified: \_\_\_\_\_

2. Describe the potential problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN WHILE IN THE CARE OF THE SCHOOL:**

To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with principal in consultation with the public health nurse as needed.

• Symptoms to watch for are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Preventative measures: \_\_\_\_\_

\_\_\_\_\_

Medication needed:  Yes  No Name of medication: \_\_\_\_\_

(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school).

**\*Emergency Plan** school staff need to follow (step by step):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

**INFORMATION REVIEW by parent/guardian:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date

**TRAINING REVIEW:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date