

**Sample Life Threatening  
Health Condition Section  
on School Admission/  
Registration Form**

**December 2007**

**Medical Information**

CareCard No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Doctor's contact information if student has a life-threatening condition**

**Life Threatening Health Condition:**  Yes  No

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**

The life-threatening health conditions that apply to this student are:

- Anaphylactic or Severe Allergies (e.g. food, insect stings) Allergen(s): \_\_\_\_\_
- Blood Clotting Disorder (e.g. haemophilia) \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years \_\_\_\_\_
- Serious Heart Condition (e.g. heart murmur, heart repair) \_\_\_\_\_
- Severe Asthma (e.g. resulted in hospitalization in the past year) \_\_\_\_\_
- Special Needs due to renal failure, venous access devices, post transplant and/or significant immuno-suppression \_\_\_\_\_
- Other Health Conditions which may require emergency care – please specify: \_\_\_\_\_

**Medication Administration:**

I request that the student receive assistance with, or be supervised during, medication administration in an emergency. **Please contact the school principal to obtain a Student Emergency Procedure Plan.**

Name of Medication(s): \_\_\_\_\_

**Assistance required with medications**

School staff will give or supervise medications that are required in emergency situations. If your child requires assistance or supervision of medications under these conditions, you need to obtain a Student Emergency Procedure Plan from the school principal and complete it in conjunction with your physician. You must return the signed plan along with the prescribed medication to the principal. These steps must be followed before medication will be given to your child. **No medications will be given without authorization from a physician.**

**Non-life-threatening health conditions:**

If the student has a non-life-threatening health condition which may affect his/her ability to function at school (e.g. vision impairment, hearing impairment, activity limitation, mental health disorder, mild/moderate asthma), please inform the school principal.

The student requires medication to be administered during school hours:  Yes  No

*If yes, please contact school principal to obtain the appropriate forms.*

I give permission for my child's photo to be placed on the Medical Alert List and the Student Emergency Procedure Plan.

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