

# Emergency Medical Data Sheet

## At Risk Student

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This form is for use by teachers and school officials. All information requested below must be obtained from the parent or guardian of the child.

### 1. Name and Phone Numbers

Student name: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work/cell # \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Work/cell # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Medical Condition \_\_\_\_\_

### 2. Please list any triggers (environmental, etc.) that may set off the medical condition.

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### 3. Medications prescribed for this child

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### 4. Symptoms and treatments for this child.

Mild Symptoms	Moderate Symptoms	Severe Symptoms
Treatment	Treatment	Treatment

# AT RISK STUDENTS

Parents are responsible to ensure the school has necessary information regarding their child. Parents are strongly encouraged to have a complete assessment of their child's condition from a physician AND to provide the school with a WRITTEN, ACTION PLAN.

1. At-risk students MUST wear a medical alert bracelet (necklaces are not recommended as they can be concealed under clothing, particularly during winter).
2. A buddy system and/or support grouping may be used in cases where it is requested or seen as helpful to medical students.
3. At any time that you have questions, concerns or suggestions, contact the school office/administration.

**By working together and through open communication your child will be more assured of a safe and controlled environment.**

## Consent for use of Personal Medical Information

I hereby consent to having a picture and medical information for \_\_\_\_\_ displayed in the infirmary of Muriel Martin Elementary School. I understand this information is displayed in order to help staff provide appropriate medical care if the need arises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I do not consent to this personal information being display in the infirmary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date