

A. IDENTIFICATION

Student _____ Date of Birth (y,m,d) _____
 School _____ Teacher _____ Grade _____
 OHIP Health Card # _____
 Exceptionality: Yes No _____

 First Language: _____ Verbal Skills: Yes No Sign

B. PARENT/GUARDIAN INFORMATION

Mother/Guardian Name _____
 Father/Guardian Name _____
 Mother/Guardian Telephone # Home _____ Business _____
 Cell _____ Other _____
 Father/Guardian Telephone # Home _____ Business _____
 Cell _____ Other _____
 Emergency Contact Name _____ Emergency Contact # _____

C. PHYSICIAN'S INFORMATION

Family Doctor: _____ Phone # _____
 Alternate: _____ Phone # _____

D. MEDICATION INFORMATION (Check one: Oral, Drops, Ointment, Suppository, Inhaler, Injection, Epipen)

Medical Condition: _____

SEND MEDICATION IN **ORIGINAL** CONTAINER

Name(s) of drug Oral, Drops, Ointment, Suppository, Inhaler, Injection, Epipen: _____

Dose to be Given: _____ Times to be Given: _____

Name of Medication (Inhaler): Yes No With Chamber Yes No Number of Puffers at School: _____

Sequence/ Time between puffers: _____

Name of Medication (Injections): Yes No Route to be Given: intramuscular subcutaneous

Name of Medication (Epipen): Yes No Allergies: Anaphylactic Reaction (Life Threatening) _____

Symptoms: _____

Reason for taking Oral, Drops, Ointment, Suppository, Inhaler, Injection, Epipen: _____

Length of Treatment: _____ Medication Expiry Date: _____

Unused Medication will be Returned: Yes No If yes, Christmas Vacation March Break Summer

Location and Storage: _____

Special Instructions: _____

Possible Side Effects: _____

Special circumstances under which medication SHOULD NOT be administered: _____

D. EMERGENCY ACTION PLAN

Give medication: _____
 Directions to follow: _____
 Call 911 _____

Special Circumstances to call 911: _____

Call Parents/Guardian Phone # _____
 Call Emergency Contact Phone # _____
 Other Special Instructions _____

E. PARENT/GUARDIAN AUTHORIZATION FOR INDIVIDUAL MEDICAL PLAN

Date _____ Parent/guardian signature _____ Parent/guardian signature _____