



Critical Medical Alert Form

To be completed for HIGH RISK medical conditions **ONLY**

To be completed by Parent/Guardian

Name of Student:	Grade:	Date of Birth:
Home Address:		Home Telephone:

Dangerous, Life-Threatening Conditions:

Anaphylactic Allergies Triggers (please specify) _____

EpiPen/Allerject (carried by student) 2nd EpiPen/Allerject (kept in Main Office)

Asthmatic Triggers (please specify) _____

Inhaler (carried by student) 2nd Inhaler (kept in Main Office)

Diabetic **Epileptic** **Hemophiliac** **Heart Condition** **Seizures**

Other - Please specify _____

Recommended Immediate Emergency Response:

Medication(s) Prescribed:

Parent/Guardian:	1 st Contact Phone Number	2 nd Contact Phone Number	Cell:
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Parent/Guardian:	1 st Contact Phone Number	2 nd Contact Phone Number	Cell:
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Emergency Contact:	Relationship:	Contact Phone Number	Cell:
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Authorization for Administration of Epinephrine Injection

In the event that my son/daughter is not capable of self-administration, I hereby authorize and instruct the Principal, or designate(s), to administer epinephrine by injection to my son/daughter, for the purpose of providing temporary emergency response to a perceived life-threatening occurrence which may be seen to result from an allergic reaction.

My signature shall be your good and sufficient authority to administer epinephrine by injection, and recognizing that staff are not medically trained, I shall not hold the person administering the medication, the Waterloo Catholic District School Board or any of its school personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time, or at any given time in the future.

Parent/Guardian Signature:	Date:
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Personal information on this form is collected under the authority of s. 265(1)(d) of the Education Act, and pursuant to sections 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will be used for providing emergency medical treatment. Any questions regarding the collection of this information should be directed to the principal of the school. This form is kept in the School's Medical Emergency file, the OSR and provided to transportation service as required.