



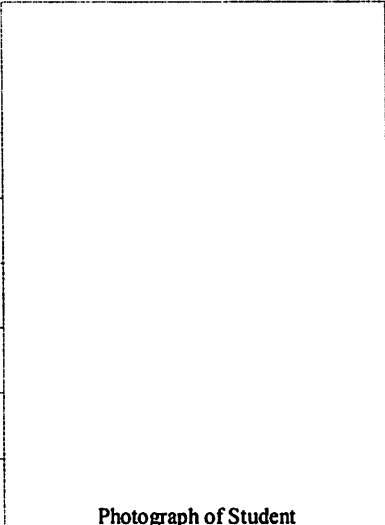
EDMONTON
CATHOLIC SCHOOLS

MEDICAL ALERT

(Post in a staff area for ALL staff.)

(Used as per Admin. Reg. 120.5, article 1 (k), 2, 6(e), (i), (l))

(The information on this form is to correspond with the Request for Administration of Medication/Medical Treatment Form)

Student Name	Grade	
Teacher		
Medical Condition		
Symptoms of Reactions		

Photograph of Student

DO THIS IMMEDIATELY

Staff who know how to help student

Medical treatment

Name of medication

Dosage

Method of administration

Location of medication

Administer within minutes

If no relief

Possible side effects

N.B. For life-threatening reactions call 911 for Ambulance



PERMISSION TO POST STUDENT MEDICAL INFORMATION

The *Freedom of Information and Protection of Privacy (FOIP) Act* sets controls and standards on how school jurisdictions collect, use, and disclose personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (name, picture, and medical information) as listed on the *Medical Alert Form AP 120(4)* in a staff area. We understand that the student's medical information is provided to Edmonton Catholic Schools for use in confidence and it will be protected and used in compliance with the *FOIP Act*.

I _____ hereby grant consent to
(parent/guardian)

Edmonton Catholic Schools to post my child's information as listed and described on the *Medical Alert Form AP 120(4)*.

Full name of student

Signature of parent/guardian

Date