



HEALTH/MEDICAL STATUS

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It is your responsibility to inform school staff if your child has a health condition so we can support your child.

Life threatening health conditions

Please let the school staff know if your child has a *life threatening* health condition that may require emergency assistance while at school such as:

- diabetes
- serious heart conditions
- blood clotting disorders
- anaphylactic or severe allergies to food or insect stings
- asthma that has resulted in hospitalization in the past year
- epilepsy with a history of tonic-clonic (grand mal) seizures in the past 2 years
- other/etc.

Non-life threatening health conditions

If your child has a *non-life threatening* health condition (i.e. vision problem, hearing problem, activity limitation, mental health disorder, fainting) which may affect his/her ability to function at school, please inform school staff. The school does not keep this information from year to year. It is your responsibility to inform school staff and teachers at the beginning of each school year.

Assistance required with medications

School staff will give or supervise medications. If your child requires assistance or supervision of medications you must obtain a "*Medication Administration Consent Form*" from office staff (*also attached below) and complete it in conjunction with your physician. **No medications will be given without authorization from a physician.**

Should your child require emergency medical treatment a copy of this sheet will be given to the health care professional (eg ambulance attendant).

Please complete this form and return it to your child's teacher. If your child has *no* health concerns, indicate below.

Student name (print): _____ Div. _____

Guardian Names & Daytime Numbers: _____

Care Card Number. _____

Please check one below:

- My child has a **life threatening** health condition. Name of condition _____
- Condition is severe enough to call **911**
- My child has a **non life threatening** health condition. Name of condition: _____
- My child has **no health concerns**

Medication is supplied: at home only in backpack in locker ***in school office** comfort kit
complete consent form.

Other relevant information: _____

Parent/Guardian Signature _____ Date: _____

Medication Administration Consent Form

Saanich Schools



A) PARENT/GUARDIAN – COMPLETE AND SIGN

STUDENT'S NAME (Last, First)		DOB (Day/Mo/Year)
MEDICAL CONDITION <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma Other: _____		
PHYSICIAN	PHONE	PHN/CARE CARD NUMBER
PARENT/GUARDIAN	DAYTIME PHONE	EMAIL ADDRESS
CELL PHONE		
I request the school to give medication as prescribed to my child. I understand I must provide the medication in a sealed original container that is clearly labelled. I will notify the school promptly of any changes in medications ordered.		
SIGNATURE OF PARENT/GUARDIAN		DATE (Day/Mo/Year)

B) PHYSICIAN – COMPLETE AND SIGN

CONDITION(S) WHICH MAKE MEDICATION NECESSARY:		
NOTE:		
<ul style="list-style-type: none"> ▪ Epi Pen is the only medication school staff will administer for anaphylactic reactions as per School Anaphylaxis Policy. ▪ Staff may only administer student medication that has been prescribed by a physician; staff shall not administer non-prescribed medication. (Policy) 		
NAME OF MEDICATION	DOSAGE	DIRECTIONS FOR USE
1)		
2)		
3)		
ADDITIONAL COMMENTS, POSSIBLE REACTIONS, CONSEQUENCES OF MISSING MEDICATION, ETC.		
SIGNATURE OF PHYSICIAN		DATE (Day/Mo/Year)

C) ALL STAFF RESPONSIBLE FOR ADMINISTRATION/SUPERVISION OF MEDICATION – REVIEW AND SIGN

NAME	SIGNATURE	DATE (Day/Mo/Year)

This information is subject to and protected by the Freedom of Information and Protection of Privacy Act.

Instructions for Parents Completing Medication Administration Form

If your child requires medication to be supervised or administered by school staff for at least one month or medication in an emergency, e.g. EpiPen, you and your doctor must complete the attached form. No medications will be given to your child without a signed medication administration form.

Parent/Legal Guardian:

- ❖ **Complete and sign Section A** of the *Medication Administration Form* and return the card to the school prior to school starting in September or when your child is started on a medication.

- ❖ **Have your family doctor complete and sign Section B** of the *Medication Administration Form*. Your doctor needs to clearly state the medical condition, the name of the medication, the amount of medication to be given, how often it is to be given, consequences of a missed dose, important side effects and/or drug reactions.

- ❖ **Provide the medication in its original container** clearly labelled with:
 - ◆ Child's name
 - ◆ Medication name
 - ◆ Dosage
 - ◆ Expiry date

Ask your pharmacist for an extra labelled container for prescription medications (so you can supply one for school use) and an accurate measuring spoon or cup for liquid medications.

The school principal will be informed of the medication to be administered and will discuss this with school staff. The school's Public Health Nurse is available for consultation if there are any questions about the medication.