

MEDICAL INFORMATION

Please complete one form per child

Student Name: _____

Family Doctor Name: _____

Family Doctor Phone Number: _____

Does the student have any serious medical concerns (e.g. SERIOUS ALLERGIES, HEART CONDITION, etc.) or require regular medication?

- No
- Yes (if yes, please fill out the Severe Allergy/Health Concern Alert Form on the following page)
- Please state any other medical condition such as minor allergies/asthma that NCCS should be aware of:

- Kindergarten Students** – If your child does not feel well, the office will contact you for direction and or/pick up. The school will not dispense medication for Kindergarten children.

TYLENOL RELEASE (this applies only to grades 1-8 students)

- No Yes

(Tylenol will be administered as per bottle directions – an email will be sent to parents directly after administration.)

OTHER REQUIRED MEDICATION

Prescription medication(s) which the student requires: _____

Medical condition(s) which make(s) the medication(s) necessary: _____

Daily dosage, frequency of administration and time of day: _____

Storage requirements/location of medication: _____

Need for staff assistance (Yes/No – if Yes, please explain): _____

Possible side effects requiring emergency action: _____

Action to be taken if an emergency arises: _____

- ✓ NCCS staff will not administer any medication to Kindergarten students with the exception of EpiPens, Benadryl or asthma inhalers which will be administered as needed in an emergency.
- ✓ Primary responsibility for the administration of medication rests with the student and his/her parents.
- ✓ Any change in the student's medical condition or medication is to be brought to the attention of the school office promptly.
- ✓ Action taken by staff will be limited to what can be done by untrained personnel.
- ✓ This Medical Release Form is valid only for the duration of your child's enrolment at NCCS.
- ✓ In signing this form, the parent/guardian releases Nelson Christian Community School, its staff and agents from and against all claims suit, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the student. The action taken by staff, as requested above, is both requested and authorized. Staff members are authorized to take emergency action as deemed appropriate.

Parent/Guardian Signature

Date

SEVERE ALLERGY/HEALTH CONCERN ALERT FORM

If your child has a life-threatening allergy or medical concern, please complete this form. The information provided will be posted along with a photo of your child in the staff room and made available in the classroom in order to respond to potential emergency situations.

Name of Student: _____ Medic Alert ID: _____

DESCRIPTION OF ALLERGY AND PRECAUTIONS

This student has a DANGEROUS life-threatening allergy to the following _____

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SYMPTOMS FOLLOWING EXPOSURE CAN INCLUDE (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Hives and itchiness on any part of the body | <input type="checkbox"/> Swelling of any body parts, especially eyelids, lips, face, tongue |
| <input type="checkbox"/> Coughing, wheezing or change of voice | <input type="checkbox"/> Nausea, vomiting, diarrhea |
| <input type="checkbox"/> Fainting or loss of consciousness | <input type="checkbox"/> Difficulty breathing or swallowing |
| <input type="checkbox"/> Panic or sense of doom | <input type="checkbox"/> Throat tightness or closing |
| <input type="checkbox"/> Other (please specify) | |

EMERGENCY MEASURES (check all that apply)

- Get EpiPen® (Epinephrine) or other medication (_____) and administer immediately.
- HAVE SOMEONE CALL AN AMBULANCE and advise of need for EpiPen® (Epinephrine).
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which EpiPen® (Epinephrine) was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10 to 15 minutes and breathing difficulties are present, administer a second EpiPen® (Epinephrine).
- Even if symptoms subside, take the student to the hospital immediately because there may be a delayed reaction.
- If possible, have a staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of this Form and the time which the EpiPen® (Epinephrine) or other medication was administered.

I agree that the school may take the Emergency Measures listed above and that this information will be shared, as necessary, with NCCS staff and health care providers.

Parent/Guardian Signature

Date