FEDERAL SCHOOLS
PREVALENT MEDICAL CONDITIONS: ANAPHYLAXIS MANAGEMENT PLAN AND AUTHORIZATION for the ADMINISTRATION of PRESCRIBED MEDICATION

<table>
<tr><td colspan="4">Personal Information</td></tr>
<tr><td colspan="3">Student Name:</td><td rowspan="5">Student Photo</td></tr>
<tr><td colspan="3">Medical Condition - Our/My Child Has:
____________________________________</td></tr>
<tr><td colspan="3">Diagnosed by:____
Contact Number:____</td></tr>
<tr><td colspan="3">Although he/she is normally a healthy child, he/she does have a medical condition which could escalate giving rise to an emergency situation. The nature of this medical condition is:____</td></tr>
<tr><td colspan="3">(In the case of allergies which may lead to an anaphylactic reaction): Things my child should avoid are:____</td></tr>
<tr><td colspan="4">Our/My Child wears a Medic Alert Tag: ___Yes ___No</td></tr>
<tr><td colspan="4">Medication Information
All medications must be clearly labelled and given as stated on the original physician's prescription</td></tr>
<tr><td>Name of Medication</td><td>Dosage</td><td>Time</td><td>Possible Side Effects and/or Special Instructions</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Signs of Emergency:____
____</td></tr>
</table>

Special Instructions (in order) to follow if my child has an emergency:

1.____

2.____

3.____

4.____

5.____

EMERGENCY CONTACTS:	Mother's Name:	Father's Name:	Doctor's Name:
	Mother's Contact Number:	Father's Contact Number:	Doctor's Contact Number:
	Mother's Address:	Father's Address:`	Alternate Contact:(Name/#)

____ ____________________

Parent/Guardian Signature Date

*****FOR SCHOOL USE ONLY*****

Emergency Medication for this child is located:

Strategies to reduce the risk of exposure to anaphylactic causative agents:

1.____

2.____

3.____

Please provide any additional information on this sheet.

Consent to Administer Medication(s)

I, ________________________________, hereby authorize the Principal or other school personnel, for the school year_____________, to administer the following medication for:

Name of Child: ____

Date of Birth: ____

Parent/Guardian must provide the most up to date medication for child.

Name of Medication:	Expiry Date:	Parent/Legal Guardian Name & Signature
1.		
2.		
3.		
4.		

Please provide any additional information which will ensure the safety of your child:

____

____

____

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____

____

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____

____

____ ______________

PARENT/GUARDIAN SIGNATURE ***DATE***

RE: Release of Liability

I ______________________understand fully that the designated person or any employee of the Federal Schools will not be held liable for any/or all side effects and/or illness, due to the administration of the medication(s) provided by parent(s) or guardian(s).

Parent(s)/Legal Guardian(s) Name: (Please Print) __________________________

Parent(s)/Legal Guardian(s) Signature: _________________________________

Parent(s)/Legal Guardian(s) Name: (Please Print) __________________________

Parent(s)/Legal Guardian(s) Signature: _________________________________

Date: ____________________________

Date: ______________________

Consent to Release Information

I, hereby, consent to release the following information from _______________________ (Name Of Physician / agency / etc.) to ____________________ (organization / individual) in order to verify the health condition, medical status and proper administration of medication for my child.

Medical Information	
Name of Physician:	Physician Contact Information:
Name of Child:	Child's D.O.B.
Medical diagnose(s):	
Medication(s) prescribed and administration:	
Health status/condition of child:	
Parent(s)/Legal Guardian(s) Signature:_____________________________________ Parent(s)/Legal Guardian(s) Signature:_____________________________________	
Date of Authorization:	
*****For School Use Only*****	

Information Received by:_________________________ Date:_____________

Indigenous Services Canada Services aux Autochtones Canada