CS-G-05 (a)

EMERGENCY ALLERGY ALERT FORM (STUDENT)

(To be completed by parents/guardians of children with life-threatening allergies... anaphylaxis)

A. GENERAL

Student Name: _____ MSI #: _____

School: _____

Grade: _____

Parent / Caregiver: _____

Alternate Contacts (in case of emergency):

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

Family Doctor: Name: _____

Phone: _____

B. ALLERGY INFORMATION

Child is allergic to: _____

Signs and Symptoms: (check if applicable)

- ☐ tingling in mouth
- ☐ swelling: eyes, lips, face, tongue
- ☐ difficulty breathing, swallowing
- ☐ coughing, choking
- ☐ loss of consciousness
- ☐ hives, itching
- ☐ tightness in throat, mouth, chest
- ☐ wheezing
- ☐ vomiting, upset stomach

other _____

C. AUTHORIZATION FOR ADMINISTRATION OF MEDICATION (PARENTS)

It is neither the objective nor purpose of the Chignecto-Central Regional School Board to administer medication to students. The personnel of the Chignecto-Central Regional School Board are prepared to undertake this activity, however, in an effort to assist those students to attend school who would not otherwise be able to do so.

TO BE COMPLETED BY PARENT / GUARDIAN OR STUDENT (IF 19 YEARS AND OVER)

PARENT RESPONSIBILITY

(a) The prescribed medicine should be brought to the school by the parent, legal guardian or designated representative, together with a written request to have the medication administered. The medication should be in the original container and property labelled.

(b) The school should insist that the container in which the medicine is kept has a label attached showing the name of the doctor prescribing it, the name of the child for whom it is prescribed, the date prescribed, the dosage and the specific times for administering it. Where the doctor or the pharmacist provides additional information regarding storing, side effects, etc. of the drug, such information should be provided to the school.

MEDICATION INFORMATION

Student Name: _____

Name / Type of Medication: _____

Dosage / Amount to be given: _____

Method of Administration: _____

Frequency / Times to be Administered: _____

Duration: _____

Type of storage required for medication: _____

Anticipated reaction to medication (symptoms, side effects, etc.):

Other (Be Specific):

I / We hereby request, authorize and empower personnel of the Chignecto-Central Regional School Board to administer medication and/or treatment as described herein to the student named above. I / We release the Chignecto-Central Regional School Board, and any employee, from any legal liability that may result from the administration of such medication or the giving of such treatment. I / We also agree to indemnify the Chignecto-Central Regional School Board against any claims at any time made by the student named or by any other party arising out of the administration of medication or treatment described herein. I also understand that I (we) am (are) responsible for disposing of any stale or outdated medication.

_____ _____

Signature of Parent / Guardian / Student Date

_____ _____

Signature of Parent / Guardian Date

D. PHYSICIAN'S STATEMENT

Student Name: _____

I hereby certify that the above-named student has a chronic medical condition which makes him / her unable to attend school safely unless he / she receives the following medication and / or treatment.

I also certify that administration of this medication / treatment during school hours is necessary for this child's attendance at school.

Name / Type of Medication: _____

Dosage / Amount to be given: _____

Method of Administration: _____

Frequency / Times to be Administered: _____

Duration: _____

Type of storage required for medication: _____

Anticipated reaction to medication (symptoms, side effects, etc.):

Other (Be Specific):

_____ _____

Physician's Signature Date

_____ _____

Physician's Address Telephone

NOTE: **A NEW EMERGENCY ALLERGY ALERT FORM MUST BE SUBMITTED TO THE SCHOOL EACH SCHOOL YEAR AND WHENEVER THE MEDICATION IS MODIFIED.**

☐ Principal (to notify all school staff) ☐ Bus Driver (a.m. and p.m.)