



MEDICAL INTERVENTION FORM

NOTE: NO MEDICATION WILL BE GIVEN UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE SCHOOL
It is to be completed by the parent or legal guardian
A copy of this form must accompany the student to hospital

A. EMERGENCY CONTACT INFORMATION

Student's Name: _____ School: _____

Care Card #: _____ Birthdate: _____

Address: _____

Parent/Legal Guardian _____

Home Phone # _____ Work Phone # _____

Emergency Contact 1: _____

Home Phone # _____ Work Phone # _____

Emergency Contact 2: _____

Home Phone # _____ Work Phone # _____

Family Physician _____ Phone # _____

Other Physician _____ Phone # _____

MEDICAL CONDITION: _____ and/or ALLERGY _____

Do not complete Sections B, C, D and E for students who are followed by Nursing Support Services

B. SIGNS AND SYMPTOMS

Please describe the Signs and Symptoms of your child's medical condition that staff should be aware of:

C. MEDICATION

IS MEDICATION REQUIRED AT SCHOOL? YES NO

	Name of Medication	Dosage	Where Kept?	Directions for Use	Prescribed For?
1.					
2.					
3.					

D. MEDICAL INTERVENTION

Please describe the necessary steps to appropriately treat this medical condition:

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E. AUTHORIZATION (initial those that apply)

I agree to:

- supply the medication to the school in the original container with the child's name, prescribing physician's and pharmacist's direction for use including dosage.
- keep an adequate supply of current medication at the school.
- provide my child with a medical alert bracelet as required.
- If changes occur, I will contact the school and provide revised instructions. I am aware I am required to update this information as needed.
- I am aware that the Public Health Nurse for the school will be informed of my child's condition and treatment and that the nurse may contact me as necessary.
- I am aware that staff working with my child may need to know of my child's condition and/or the medication required.

Parent/Guardian signature: _____ Date completed: _____

Principal's Signature: _____ Date completed: _____

Copies: Parent(s) Student File Medical Alert Binder TOC File Nursing Support Care Plan BCeSIS Inputted (if needed)

May, 2009

This Medical Intervention Form has been collaboratively developed by Public Health, Maple Ridge and School District No. 42.

The information collected on this form is subject to and protected by the provisions of the Freedom of Information and Protection of Privacy Act.