

**Please complete fully.**  
**Please press firmly.**



## MEDICAL & EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel) \_\_\_\_\_

Sibling(s) attending: \_\_\_\_\_

Medical/Allergic Conditions: \_\_\_\_\_

Medication Given on an ongoing basis: (please include ibuprophen, etc) \_\_\_\_\_

Is the Medication at School? No  Yes  Type \_\_\_\_\_

Do you give permission for the school staff to seek medical attention without restriction as to the scope of the accident or illness while in the care of the school?

No  Yes

Including a blood-transfusion? No  Yes  Blood Type \_\_\_\_\_

### MEDICATION ADMINISTRATION RECORD (to be kept on file in office)

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Dates to be given: start \_\_\_\_\_ end \_\_\_\_\_ exact times \_\_\_\_\_

*To be completed by the staff member at the time medication is given:*

DATE	MEDICATION	DOSAGE	TIME	SIGNATURE

Signature of Parent/Guardian (or Financial Supporter) \_\_\_\_\_

Date \_\_\_\_\_ Print \_\_\_\_\_

\_\_\_\_\_