



**The Student Health Plan is supported by Administrative Regulation 6002 – Student Health Services.**

**This form must be:**

- completed if a physical or medical condition may affect the student’s attendance at school;
- completed if medication is to be taken at school; and
- reviewed and updated annually or sooner if there is a change in the student’s health concern or school registration.

**NOTE:** This form will identify chronic health symptoms that can be confused with COVID-19. Once a child or student with similar symptoms has had a negative COVID-19 test, that student will be able to attend school.

**NOTE:** This form will be used for requests for mask exemptions due to physical, medical or developmental factors.

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(dd-mmm-yy)

**Home Room:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### Section 1 – Health Concern or Medical Condition

Describe the health concern or medical condition:

### Section 2 – Medication Management

a) Medical Information – identify name, dosage, frequency and timing of administration, storage requirements.



b) Potential side effects of medication

c) Response to side effects

d) Responsibilities – outline who does what and when

### Section 3 – Communication

How and when will parents be contacted and under what conditions?

### Section 4 – Parent Contact Information

Parent(s) /Legal Guardian(s) Name	Phone(s)
Address (with Postal Code)	Email



Section 5 – COVID-19 Mask Exemption

Some health symptoms are similar to those of COVID-19. Please identify any of your child’s health symptoms that could be similar to symptoms of COVID-19.

Most Common/Serious:

- Fever
- Dry cough
- Tiredness
- Difficulty breathing/shortness of breath
- Chest pain or pressure
- Loss of speech or movement

Less Common:

- Aches and pains
- Sore throat
- Diarrhoea
- Conjunctivitis
- Headache
- Loss of taste or smell
- Rash on skin or discoloration of fingers or toes
- Other \_\_\_\_\_

Criteria for Mask Exemption

- |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> exceptional needs</li> <li><input type="checkbox"/> inability to remove or place mask without assistance</li> <li><input type="checkbox"/> moderate to severe respiratory issues</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> anxiety or anxiety disorders</li> <li><input type="checkbox"/> mental health needs</li> <li><input type="checkbox"/> protected grounds under the Alberta Human Rights Act</li> </ul> |
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- Request for Mask Exemption. Provide the reasons for the request.

- Medical Documentation – Attach medical documentation (not mandatory)

- Exemption approved.
- Partial exemption approved.
  - Student will wear the mask in the hallways, gym or auditorium
  - Student will take more frequent mask breaks
- Exemption not needed.

Please provide rationale.



### Section 6 - Signatures

#### Acknowledgement and Waiver by Parent or Independent student

1. Primary responsibility for the administration of medication rests with the student and the student’s parents.
2. If granted, approval of this request is valid only for the school and school year in which it is submitted.
3. Any change in the student’s medical condition or medication is to be brought to the attention of the principal promptly.
4. Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.
5. Administration of medication through an epinephrine auto-injector will be provided in emergencies related to anaphylactic shock.
6. Parents are responsible for keeping contact information, including emergency contacts, current and up to date.
7. Principals make the final decision for mask exemptions.
8. In requesting the mask exemption, I declare that my child has a condition that meets the criteria for exemption and warrants an exemption.
9. Children or students not wearing masks are responsible for following **all** other COVID response health measures in the school.

<b>Name:</b>		<b>Date:</b>	
	(Last Name, First Name)		(dd-mmm-yy)
<b>Signature:</b>			

#### Principal Approval

<b>Name:</b>		<b>Date:</b>	
	(Last Name, First Name)		(dd-mmm-yy)
<b>Signature:</b>			

#### Authorization for Collection of Personal Information

Personal information is collected under the authority of the *Education Act* and the *Freedom of Information and Protection of Privacy Act*. This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.