Calgary Board of Education

Student Health Plan

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.

Student Information

Student Name: _____ **School Year:** _____
(YYYY-YYYY)

Birth Date: _____ **Home Room:** _____ **Grade:** _____

Section 1 | Health or Medical Condition

Describe the health concern or medical condition

Section 2 | Medication Management

a) Identify name of medication, dosage, frequency and timing of administration, storage requirements:

b) Potential side effects of medication:

c) Response to side effects:

d) Responsibilities - who does what and when:

Section 3 | Communication

How and when will parents/legal guardians be contacted and under what conditions:

Section 4 | Parent(s) / Legal Guardian(s) Contact Information

Name: _____ **Email:** _____

Address: _____ **Phone Number:** _____

Name: _____ **Email:** _____

Address: _____ **Phone Number:** _____

Section 5 | Signatures

Parent / Legal Guardian or Independet Student | Acknowledgement and Waiver

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 the 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.

Name: _____ **Date:** _____

Signature: _____

Principal | Approval

Principal Name: _____ **Date:** _____
(dd-mm-yyyy)

Signature: _____

Authorization for Collection of Personal Information

The personal information requested is collected under the authority of the *Education Act*, the Student Record Regulation and Alberta's *Protection of Privacy Act* (POPA), for the purposes specified above. Personal information may be input into automated systems for processing and management purposes. It will be treated in accordance with the privacy protection provisions of POPA. If you have any questions about this consent form or the collection, use or disclosure of this personal information, please contact the school personnel identified above.