

## **CRITICAL MEDICAL ALERT**

## **ACCESSIBILITY:**

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Please select one:  My child DOES NOT have a dangerous, life-threatening medical condition.  My child HAS a dangerous, life-threatening medical condition.	
School Year:	
Name of Student:	Grade:
Homeroom Teacher:	
Dangerous, Life-Threatening Conditions:	
Please check all that apply. Note: if any of the following follow-up information will be sent to you.	conditions exist for your child, additional form(s) for
☐ Anaphylaxis (APH005)	☐ Asthma (APH028)
☐ Concussion (APH027)	☐ Diabetes – Type 1 and Type 2 (APH015)
☐ Epilepsy-Seizure Disorder (APH031)	☐ Heart Condition (APH032)
Other (please describe the condition in detail):	
Signature of Parent/Guardian (handwritten or typed)	Date (yyyy-mm-dd)

## Notice of Collection

Personal information on this form is collected under the authority of s. 265(1)(d) of the Education Act, and pursuant to sections 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will be used for providing emergency medical treatment. Any questions regarding the collection of this information should be directed to WCDSB Privacy Officer (<a href="mailto:privacy@wcdsb.ca">privacy@wcdsb.ca</a>, 519-578-3660, Ext. 2381) or the school principal. This form is kept in the School's Medical Emergency file, the OSR and provided to transportation service as required.

Completed by: Parent/Guardian

**Distribution:** School → Parent/Guardian → Main Office

**Retention:** 1. File the returned form in School's Medical Emergency File; 2. Initiate the Plan of Care

(Retention: Current School Year - Until Superseded)