



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 conditions exist for your child, additional form(s) for follow-up information will be sent to you.

- Anaphylaxis (APH005)
- Concussion (APH027)
- Epilepsy-Seizure Disorder (APH031)
- Other (please describe the condition in detail):
- Asthma (APH028)
- Diabetes – Type 1 and Type 2 (APH015)
- Heart Condition (APH032)

Signature of Parent/Guardian

Date

Disclaimer

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 the principal of the school. This form is kept in the School's Medical Emergency file, the OSR and provided to transportation service as required.

To be Completed by: Parent/Guardian

Description of Use: 1. File the returned form in School's Medical Emergency File; 2. Initiate the Plan of Care (Retention: Current School Year - Until Superseded)