



A copy of this form must be sent with student's Registration Form

Identify the specific medical condition: _____

If an allergy, identify the specific allergy: _____

(e.g. peanuts, bee stings, eggs, etc.) Student Information: _____

School Name Summer Semester

Student Name _____

Student No. _____ Grade _____

Parent(s)/Guardian(s) _____

Civic Address _____

Home/Cell Phone No. _____

Work Phone No. _____

(Please provide photograph.)

Emergency Plan Information – In case of emergency please contact:

Name of First Contact _____ Phone No. _____

Name of Second Contact _____ Phone No. _____

Location of Medication/EpiPen (if required):

Not on student: On/With student: Where located on/with student: _____

Action Emergency Plan (if required please add a 2nd page):

I/we authorize this "Life Threatening Emergency Medical Alert" process to be shared with COOP Teacher and the COOP Placement Supervisor.

Parent(s)/Guardian(s) Signature Date

I hereby confirm that discussions were held with the parent(s)/guardian(s) for the child identified on this form.

Principal's Signature Date

Copy to: Summer Semester COOP Teacher
 Summer Semester COOP Placement Supervisor



Medical Condition – Allergy

Indications of Severe Allergic Reaction:

- Difficulty breathing or swallowing, wheezing, coughing, choking.
- Flushed face, hives, swelling or itching lips, tongue, eyes.
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat.
- Vomiting, nausea, diarrhea, stomach pains.
- Loss of consciousness/passes out.
- Tightness in throat, mouth, chest.
- Pale blue skin or lips.
- Other: (please identify) _____

Medical Condition – Asthma

Indications of Severe Asthmatic Reaction:

- Restlessness, irritability, fatigue, coughing (frequent, dry and regular).
- Wheezing (can't always hear it).
- Breathing quickly.
- Obvious discomfort.
- Constantly rubbing nose or throat.
- Breathlessness (child may talk in one or two word sentences); nostrils flaring with breaths.
- Neck muscles tighten every time they breathe.
- Lips and nail beds may have a grayish or bluish colour.
- Other: (please identify) _____

Medical Condition – Diabetes

Possible Symptoms of Low Blood Sugar in Diabetics:

* More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> confusion | <input type="checkbox"/> shakes | <input type="checkbox"/> crying | <input type="checkbox"/> increased heart rate |
| <input type="checkbox"/> trembling | <input type="checkbox"/> hunger | <input type="checkbox"/> feeling low | <input type="checkbox"/> numbness or tingling of tongue or lips |
| <input type="checkbox"/> headache | <input type="checkbox"/> withdrawn, quiet | <input type="checkbox"/> pale | <input type="checkbox"/> nauseated |
| <input type="checkbox"/> sweating | <input type="checkbox"/> weak, drowsy | <input type="checkbox"/> irritable, anxious | |

* May lead to loss of consciousness (passing out) or seizures.

Possible Symptoms of High Blood Sugar in Diabetics:

* More rare.

- | | | |
|---|--|---|
| <input type="checkbox"/> increased thirst | <input type="checkbox"/> increased urination | <input type="checkbox"/> feeling unwell |
|---|--|---|

Medical Condition – Epileptic Seizure

Symptoms of Epileptic Seizures:

- | | |
|--|---|
| <input type="checkbox"/> Staring, apparently not hearing, no movement. | <input type="checkbox"/> Jerking of the arms, legs, face. |
| <input type="checkbox"/> Twitching. | <input type="checkbox"/> Drowsiness or inattention. |
| <input type="checkbox"/> Drooling or biting lips, cheeks or tongue. | <input type="checkbox"/> May become unconscious. |

Instructions for COOP Teacher/Placement Supervisor in the event of an epileptic seizure:

DO NOT put anything in the child's mouth. DO NOT restrain movement if possible, put something soft under the head for protection. AFTER THE SEIZURE put the child on their side in the recovery position.

If a seizure lasts longer than 5 minutes, or repeats without full recovery SEEK MEDICAL ASSISTANCE IMMEDIATELY.

Medical Condition – Other *Please list any symptoms (please use a 2nd page if required):*
