



**TF002**

Authorization for the collection of this information is in the Education Act. The purpose is to administer medication to students in the event of an emergency. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal.

**LIFE-THREATENING MANAGEMENT AND PREVENTION PLAN**

**STUDENT INFORMATION** *(to be completed by Parent/s)*

Bus Route \_\_\_\_\_

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_\_

School Name \_\_\_\_\_

Home Address \_\_\_\_\_

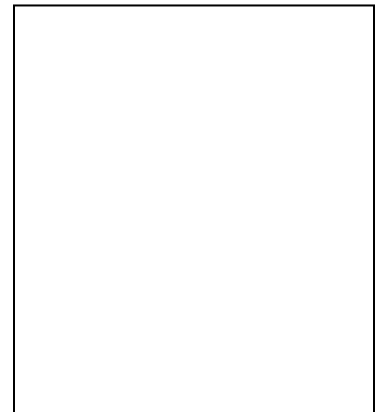
Home Telephone Medic Alert I.D. \_\_\_\_\_

Father's name: \_\_\_\_\_ work No. \_\_\_\_\_

Mother's name: \_\_\_\_\_ work No. \_\_\_\_\_

Guardian's name: \_\_\_\_\_ work No. \_\_\_\_\_

Main contact email . \_\_\_\_\_



**STUDENT PHOTO**

**MEDICAL INFORMATION** *(to be completed by Family Physician)*

Medical Concern \_\_\_\_\_

Symptoms \_\_\_\_\_

\_\_\_\_\_

Recommended Response \_\_\_\_\_

\_\_\_\_\_

Medication \_\_\_\_\_ Dosage (e.g. No. of Epipens required) \_\_\_\_\_

\_\_\_\_\_

Additional Instructions or Information \_\_\_\_\_

\_\_\_\_\_

Name of Physician (Please Print) \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

