



## Medical Emergency Plan (Generic)

Students and Staff with chronic medical conditions or special health care needs are more susceptible to medical emergencies and require a heightened sense of readiness. Individual medical emergency plans are necessary for persons with the following conditions:

- severe asthma, anaphylaxis, type 1 diabetes, epilepsy
- any student/staff who is diagnosed as being at risk of a medical emergency
- any student/staff who requires the administration of specific health care procedures

The principal in consultation with the parent/guardian and information from the student's medical practitioner will guide the development of the plan. This plan should be reviewed annually or when the parent notifies the school that the student's health needs have changed.

<b>Child/Student/Staff Name:</b>	<b>School or Workplace</b>	<b>Plan Date:</b>
<b>Room/Location of Concern:</b>	<b>Description of Medical Condition:</b>	
<b>Activity Restrictions:</b>		
<b>Signs/Symptoms of a Medical Emergency</b> (including when to seek medical attention and/or call 911)		
<b>Emergency Response Plan (Steps)</b> (agreed between the parent and the school, following consultation with the medical practitioner) <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>		
<b>Identify staff/student training/education needs if applicable:</b>		



Emergency Contacts			
Name/ Relationship	Phone	Cell	Work
Name/Relationship	Phone	Cell	Work
Medical Practitioner	Phone	Ambulance	911
<p><b>Personal Care and Medication Needs:</b> For schedule of administration of necessary personal care and/or medications refer to the attached personal care and/or medication management plans.</p>			
<p><b>In case of emergency I authorize school staff to contact the medical practitioner and/or ambulance if necessary</b></p> <p style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b> (if no state reason below)         </p>			
<b>Name (Print)</b>		<b>Signature</b>	
Parent/Guardian			
Principal			
Medical Practitioner			
<p><b>Additional Information:</b>            Provide a copy of this emergency plan to parent, Student Transportation and emergency responders where applicable. In the event of a medical emergency, also complete the division incident/injury record and provide a copy to Student Support Services and in the case of incidents involving staff to Human Resources. Use the daily record of personal care/ Medication administration forms to record episodes or incidents. EIPS reserves the right to contact emergency services if they believe a staff or student is experiencing a life threatening medical emergency. Refer to <i>AP 315 Medication/Personal Care</i> for additional information.</p>			
<p><b>Freedom of Information and Protection of Privacy- Sec 33/34</b>            The information collected on the form is for the purpose of administering medication/personal care arrangement for your child/student. This personal information is collected pursuant to the provision of the School Act and Regulations thereto, and the FOIP Act. If you have any questions about the collection and use of the information please contact the school principal or the Associate Superintendent, Instructional Services, Elk Island Public Schools, Sherwood Park, AB.</p>			