

Student Name _____ Grade _____ Age _____

School Year: 20____ to 20 _____

Health Condition Diagnosed:

Date of Last Review of Plan:

Emergency Response: Have your emergency contacts changed in the last year?

☐ No ☐ Yes (please update below)

Emergency Contact # 1
Name Relationship Telephone

Emergency Contact # 2
Name Relationship Telephone

Describe signs or situations that indicate an emergency response is needed.

List steps to take in the event of an emergency related to this condition.

Symptoms

List symptoms of the condition that this student is experiencing or may experience, and strategies for managing these symptoms.

Medications

Provide information about medications this student is taking, including dosage and location for any medications to be given at school. List current or possible side-effects of these medications.

Name of Medication	Amount	When to Use	Side-Effects

Monitoring

List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps the student or teacher should take to monitor this condition.

Triggers and Restrictions

List any foods, activities, situations, etc. that this student should avoid.

Accommodations and Special Considerations

List any adaptations or strategies that will assist this student in participating as fully as possible.

The school personnel listed below have received the necessary training to provide the care described above:

Name	Title

Training for the following Service Technique has been delivered:

Registered Prescriber's Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Teacher Signature

Date

Other Signature

Date

Supporting Documentation/Additional Information

Note: The signature of a registered prescriber is required by the Principal, depending on the level of complexity of the service requested. If additional information is needed, please attach a blank sheet of paper.

The personal information collected on this form is for the purpose of education program administration and providing emergency medical assistance to students. This collection is authorized by section 4(c) of the Alberta Protection of Privacy Act, the Education Act, the Student Record Regulation, the Emergency Medical Aid Act, and the Protection of Students with Life-Threatening Allergies Act. For questions about the collection of personal information, please contact the Principal of the school or the ATI Coordinator at (780) 532-8133.