

This form must be completed annually, or sooner if the student's allergies change. It is to be filed in the Digital Student Record.

STUDENT INFORMATION (to be completed by Parent/Guardian or Independent Student)		
Student Name:		<i>Place Student Photo Here</i>
Date of Birth:	Home Phone:	
School:	Grade:	
Name of Parent/Guardian:	Daytime #:	
Emergency Contact:	Daytime #:	

By initialling and signing below, I indicate that I understand why I have been asked to disclose the student's identifying information and am aware of the risks or benefits of consenting or refusing to consent to the disclosure.	
<input type="checkbox"/> I give permission for the school to post and/or distribute photographs and medical information in key locations, such as classrooms, school uses, staff rooms, etc.	
<input type="checkbox"/> I give consent for the school and personnel to assist with the administration of prescription medication in the event of an emergency.	
<input type="checkbox"/> I give the school division consent to place a copy of this form in the student's cumulative student record.	
<input type="checkbox"/> I understand that it is my responsibility to ensure that this information regarding my child's/my anaphylactic allergy remains current and up-to-date and that I will notify the school if there are any changes.	
Signature of Parent/Guardian or Independent Student	Date
Signature of Principal	Date

REGISTERED PRESCRIBER INFORMATION (to be completed by Registered Prescriber)	
Medication Required on a Scheduled Basis (Name/Type):	
Dosage:	Manner of Administration:
Medication Required on a Scheduled Basis (Name/Type):	
Dosage:	Manner of Administration:
Describe possible hazards or side effects of medication(s):	
If such hazards or side effects materialize, the following steps should be taken:	
Describe actions to be taken if a dosage is missed:	
Describe actions in an emergency situation (i.e. when to call ambulance):	
Name of Registered Prescriber:	Phone #:
Signature of Registered Prescriber:	Date:



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.