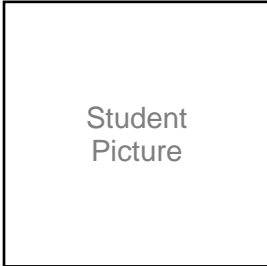




**Date:** \_\_\_\_\_  
(YYYY/MM/DD)

**Student Name:** \_\_\_\_\_  
(Last Name, First Name, Initial)

**Grade:** \_\_\_\_\_



**Description of Significant Health Concern**  
Identify the health condition/concerns affecting the student

**General Precautions/Avoidance**  
Identify triggers; things to avoid that may bring about a reaction or response

**Signs and Symptoms**  
Describe signs and symptoms of reactions

**Emergency responses**  
What to do in case of emergency – call 911 then:  
(what medication to administer (i.e. EpiPen etc.), who to call, what to do while waiting)

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/Designate signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization for Collection of Personal Information**  
Personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.