



# Serious Medical Conditions Protocol Registration

(References: P.108.SCO and PR.547.SCO, PR.548.SCO and PR.632.SCO)

**NOTE: Please type or print neatly and submit the original, signed copy to your child's school principal in a timely manner.**

**In the case of ongoing serious medical conditions (such as but not limited to severe, life-threatening allergies, diabetes, epilepsy, heart condition, asthma), this authorization will terminate on June 30 of each school year. Please ensure to notify the principal if the prescription changes or expires. This authorization may be cancelled upon receipt of written notification to the principal.**

School Name	Date	
Principal's Name	Home Form Teacher's Name	
Student's Name		STUDENT'S PHOTO
Student No.		
Year / Grade		
Pick-up and Drop-off Bus Route Numbers (if applicable)		
Transportation Address		

### MEDICAL CONDITION:

- Epilepsy   
 Heart Condition   
 Pace Maker   
 Asthma  
 Other (specify):

### SYMPTOMS AND WARNING SIGNS. (To be completed by parent/guardian):

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### COURSE OF ACTION: (To be completed by parent/guardian):

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### MEDICATION TO BE ADMINISTERED (if required):

(Administration of Oral Medication Authorization OCDSB 286 and/or Self-Administration of Oral Medication Authorization OCDSB 285 must be completed, signed and on file with the school principal.)

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## CALL PARENTS/GUARDIANS:

Mother's Name	_____	Mother's Contact Number(s)	_____
<b>OR</b>			
Father's Name	_____	Father's Contact Number(s)	_____
<b>OR</b>			
Emergency Contact Name	_____	Emergency Contact Numbers(s)	_____

## PARENT / GUARDIAN AUTHORIZATION RE: CONSENT TO RELEASE

I/we give consent for school staff to use and share the information provided in this form as required to attend to the education, health and safety of myself / my child. This may include:

- The pertinent information contained within will be shared with the Ottawa Student Transportation Authority and applicable contracted bus operators (including your child's bus driver where appropriate);
- Posting of the student's photograph (physical and / or electronic) in the school so that all staff, volunteers and visitors are aware of the medical condition;
- And any such other circumstances that may be necessary to ensure the health and safety of your child.

<b>Parent / Guardian Signature (or student if 18 years or older)</b>	_____	<b>Date</b>	_____
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## PARENT / GUARDIAN AUTHORIZATION RE: CONSENT TO TRANSFER TO HOSPITAL

I/we give consent for my child to be transported to a hospital if deemed necessary by school staff, and if necessary, a staff member may also accompany my child during transport. Note: The principal shall decide if an ambulance is to be called.

<b>Parent / Guardian Signature (or student if 18 years or older)</b>	_____	<b>Date</b>	_____
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The personal information on this form is collected under the authority of the *Education Act* and will only be used to record a student's serious medical conditions. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s) / guardian (s) of a student who is under 18 years of age. If you wish to review this information or have questions regarding its collection, please contact your school principal.

The information collected will be protected against theft, loss and unauthorized use or disclosure.

**THIS FORM MUST BE COMPLETED IN A TIMELY MANNER, INCLUDE ORIGINAL SIGNATURE(S) AND SUBMITTED TO THE SCHOOL PRINCIPAL.**

## PRINCIPAL'S ACKNOWLEDGEMENT

I have reviewed the information provided in this form, obtained clarification if required, and acknowledge its receipt.

<b>Principal's Signature</b>	_____	<b>Date</b>	_____
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