



DETAILED MEDICAL INFORMATION FORM

FORM 3D:4-B

STUDENT PHOTO

(required for life-threatening condition)

School Year _____

Student's Name _____

Date of Birth _____

School _____

Grade _____

Room # _____

Homeroom Teacher _____

Principal _____

EMERGENCY CONTACT NUMBERS:

NAME	PHONE #	RELATIONSHIP TO CHILD

Section A:

Medical condition _____

Is medication required for this condition? Yes No (If yes, please complete Section B)

Section B:

Administration of Medication: Prescription Supervision of student's self-administration of medication

TYPE

SCHEDULE

- Oral
- Inhaled
- External
- Injected (Epi-pen®, Epi-pen Jr.®)
- Other (specify) _____

- Short-term (specify) _____
- Trial (specify) _____
- On-going
- Emergency

Expiry date for medication, if applicable: _____

Is refrigeration for medication required? Yes No

Note: Expiry date is of particular importance for emergency use which is stored for long periods (i.e. Epi-pen®).

Child wears MedicAlert™ Bracelet Necklace

Date

Parent/ Guardian Signature