

# PEACE WAPITI PUBLIC SCHOOL DIVISION NO. 76

## ADMINISTRATION OF MEDICATION ASSISTANCE TO STUDENTS–Exhibit 4

### Student Allergy Form

This form is to be completed for students identified as having severe allergies that are potentially fatal or debilitating. This form must be signed by the student's medical practitioner and parent (or guardian).

Please provide the following information:

1. Identify the substance(s) to which the student is known to be allergic to.
2. List the symptoms of the allergic reaction(s).
3. List detailed emergency procedures to be followed in the event of an allergic reaction.
4. If medication is to be administered as part of the emergency procedure, the following information must be provided:
  - name of medication
  - possible side effects
  - required dosage
  - special storage instructions
  - method of administration
  - the time framework within which the medication must be administered

Student's name: \_\_\_\_\_

1. Allergy to:	2. Symptoms	3. Emergency Procedure	4. Medication Details

\_\_\_\_\_  
Parent or guardian's signature

\_\_\_\_\_  
Medical practitioner's signature