

Student Physical or Medical Condition

Reviewed annually, or when the condition changes

Notice of collection. The personal information collected on this form is collected by Grasslands Public Schools under the authority of POPA sections 4(a) and 4(c), the *Education Act* SA 2012 sections 33(1)(a), (d) and (e), and the *Student Record Regulation*, Alta Reg 97/2019, section 2(1)(p), in support of identifying a physical or medical condition that may affect a student's attendance or participation and planning the school's response to it. This notice is provided in accordance with POPA section 5(2). The information is used to identify the student, record the nature and symptoms of the condition and the response recommended for it, and confirm the physician's endorsement and the principal's approval.

If you have any questions about the collection or use of this information, please contact the Access and Privacy Coordinator at privacy@grasslands.ab.ca or 403-793-6700.

Complete this form if a physical or medical condition may affect the student's attendance at school. Review, confirm or update it annually, or whenever the student's physical or medical condition changes.

Student information

To be completed by the parent, legal guardian or independent student.

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

DATE

YYYY-MM-DD

Physical or medical condition

To be completed by the parent, legal guardian or independent student.

Does the student suffer from any of the following that would prevent them from participating fully in school programs?

Medical condition

☐ Yes ☐ No

Physical disorder

☐ Yes ☐ No

Emotional disorder

☐ Yes ☐ No

Illness or injury

☐ Yes ☐ No

Particulars

State applicable particulars and provide any special instructions for school staff.

NATURE OF THE CONDITION

SYMPTOMS OF THE CONDITION

RECOMMENDED RESPONSE TO STUDENT NEEDS

Medication

If the student requires assistance with administering medication, FORM-HS-001 Authorization for the Administration of Medication must also be completed. Completed?

☐ Yes ☐ No

Physician's endorsement

The preceding information provided by the parent, legal guardian or independent student is correct

☐ Yes ☐ No

The assistance required of staff is within the competence of a person untrained in medical procedures

☐ Yes ☐ No

PHYSICIAN NAME

PHYSICIAN PHONE

LOCATION AND ADDRESS

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Consent and release

The information you provide will be held in confidence to assist school staff in responding appropriately to the medication management needs of your child. All information placed in a student's file will be protected and used in compliance with the *Protection of Privacy Act* and the *Health Information Act*.

I hereby request and give my permission for the below named Principal and/or his or her Designate, on behalf of the Board of Trustees of Grasslands Regional Division No. 6, to follow the recommended response to the student physical or medical condition prescribed on the reverse side of this form to my child, based upon the information contained therein. I make this request knowing that the school personnel have no special training or limited training in medical procedures. I am aware of the risks or benefits of consenting or refusing to consent to this treatment. If approval is granted, I agree to promptly advise the Principal of the school forthwith of any change in my child's physical or medical condition, to provide a sufficient supply of medication in its original containers, and accept full responsibility to ensure the safe transportation of these medications to the school.

I acknowledge that I have read and understood why I have been asked to complete this form and understand the Board's policy respecting the administration of medication and personal care.

I acknowledge that my request, if granted, will be valid for the remainder of the school year in which it is submitted, unless otherwise withdrawn by myself in writing.

I hereby acknowledge that, at my request, the Principal and/or his or her designate have been authorized to administer the recommended response to my child's needs in accordance with the directions I have provided, with my physician's agreement on the attached form.

In signing this form, the parent/legal guardian, or independent student releases the Board of Trustees of Grasslands Regional Division No. 6, its servants, employees and agents from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of the recommended response to the student's needs, as outlined on the previous page.

NAME (PARENT, GUARDIAN OR STUDENT)

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD

Principal's approval

PRINCIPAL NAME

SCHOOL

SIGNATURE / E-SIGNATURE

DATE

YYYY-MM-DD