CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Please Check One:	
Student is a Walker	☐
Student Rides the Bus	☐

Life Threatening Emergency Medical Form
For School and Transportation Use

1. Use of this form is limited ***ONLY TO STUDENTS WITH LIFE-THREATENING MEDICAL CONDITIONS*** that may require the emergency administration of an epinephrine auto-injector or other emergency medical attention.
2. This form shall contain a clear and recent photograph of the student.
3. Please ensure that this form is filled out completely, legibly and in pen.
4. This form should be updated yearly and/or as medical information changes.
5. NOTE: Bus companies **do not** provide epinephrine auto-injectors on the school bus/vehicle. It is the responsibility of the parent(s)/guardian(s) to ensure that their child carries an auto-injector if it is required. Bus drivers are trained in administrating an auto-injector.

Student Name:	
Parent(s)/Guardian(s):	
Civic Address:	
Primary Emergency Contact #:	
Secondary Contact #:	Alternate #:
School:	Grade:
Bus Company:	Route #:

Student Photo

Life Threatening Medical Condition(s):

☐	**Allergy/Anaphylaxis to** (specify allergy/allergies)**:**
Auto-injector can be found (Please indicate location of auto-injector on student):	
☐	**Asthma (specify type of reliever inhaler):**
Inhaler can be found (Please indicate location of inhaler on student):	
☐	**Other Medical Condition(s)** (please specify condition(s) and location(s) of any support devices):

I/we authorize this "Life Threatening Emergency Medical Form" to be shared with school staff, bus companies, bus drivers and Student Transportation of Eastern Ontario (STEO).

Parent(s)/Guardian(s) Signature _____ Date _____

***FOR STUDENTS WHO ACCESS TRANSPORTATION*, I hereby confirm that the school has received the Life Threatening Emergency Medical Form and that discussions were held with the parent(s)/guardian(s) and the bus company and/or bus driver to review the transportation emergency action plan for the child identified on this form.**

Principal's Signature _____ Date _____

Copy to:	☐	School Office Administrator for Student File	
Copy (if applicable) to:	☐	Bus Company/Driver	☐ STEO (Fax: 613-925-0024)

EMERGENCY ACTION PLAN: List steps to be taken in a concise and legible format

Medical Condition – Specific Allergy – Please Check All That Apply

Indications of Severe Allergic Reaction:

- ☐ Difficulty breathing or swallowing, wheezing, coughing, choking
- ☐ Flushed face, hives, swelling or itching lips, tongue, eyes
- ☐ Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- ☐ Vomiting, nausea, diarrhea, stomach pains
- ☐ Loss of consciousness/passes out
- ☐ Tightness in throat, mouth, chest
- ☐ Pale blue skin or lips
- ☐ Other (identify): _____ _____

Medical Condition – Asthma – Please Check All That Apply

Indications of Severe Asthmatic Reaction:

- ☐ Restlessness, irritability, fatigue, coughing (frequent, dry and regular)
- ☐ Breathlessness (child may talk in one or two word sentences; nostrils flaring with breaths)
- ☐ Neck muscles tighten every time they breathe
- ☐ Lips and nail beds may have a grayish or bluish colour
- ☐ Wheezing (can't always hear it)
- ☐ Breathing quickly
- ☐ Constantly rubbing nose or throat
- ☐ Other:_____ _____

Asthma Triggers:

☐ cold/flu/illness ☐ mould ☐ dust ☐ cold weather ☐ strong smells ☐ pet dander ☐ cigarette smoke
☐ physical activity/exercise ☐ pollen ☐ allergies (specify):_____

Medical Condition – Diabetes – Please Check All That Apply

Possible Symptoms of Low Blood Sugar in Diabetics:

* More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.

☐ confusion	☐ shakes	☐ crying	☐ increased heart rate
☐ trembling	☐ hunger	☐ feeling low	☐ numbness or tingling of tongue or lips
☐ headache	☐ withdrawn, quiet	☐ pale	
☐ sweating	☐ weak, drowsy	☐ irritable, anxious	☐ nauseated

* May lead to loss of consciousness (passing out) or seizures

Possible Symptoms of High Blood Sugar in Diabetics:

* More rare

☐ increased thirst ☐ increased urination ☐ feeling unwell

Medical Condition – Epileptic Seizure – Please Check All That Apply

Symptoms of Epileptic Seizures:

- ☐ Staring, apparently not hearing, no movement
- ☐ Twitching
- ☐ Drooling or biting lips, cheeks or tongue
- ☐ Jerking of the arms, legs, face
- ☐ Drowsiness or inattention
- ☐ May become unconscious

Instructions for bus driver in the event of an epileptic seizure:

DO NOT put anything in the child's mouth. DO NOT restrain movement. If possible, put something soft under the head for protection. AFTER THE SEIZURE put the child on their side in recovery position. If a seizure lasts longer than 5 minutes, or repeats without full recovery, SEEK MEDICAL ASSISTANCE IMMEDIATELY.