



**Medical Information and
Authorization Prescription & Non-Prescription Medication**
This form must be filled out EVERY SCHOOL YEAR.

For the school year September 8, 2026 to June 30, 2027.

Student information

Name _____ Birthdate ____/____/____
Year Month Day
Student PHIN (9 Digits) _____ Reg # (6 digits) _____
Doctor's Name _____ Clinic Name _____
Doctor's Phone Number _____

Medical information

Health Concerns/Diagnoses/Allergies: List all illnesses and/or medical conditions (physical and mental) with which your child is diagnosed. _____

Additional Health Concerns: Please indicate all health care needs that apply to your child.

- ☐ Anaphylaxis: Life Threatening Allergy (Child has prescribed EpiPen)
- ☐ Asthma: (administration of medication by inhalation)
- ☐ Bleeding Disorder
- ☐ Cardiac Condition
- ☐ Clean Intermittent Catheterization
- ☐ Diabetes: Type 1 or Type 2
- ☐ Gastronomy Feeding Care
- ☐ Osteogenesis Imperfecta (Brittle Bone Disease)
- ☐ Ostomy Care
- ☐ Pre-set Oxygen
- ☐ Seizure Disorder
- ☐ Steroid Dependent Condition
- ☐ Suctioning: Oral or Nasal
- ☐ My child does not have any of the above-listed healthcare concerns.

* If you have checked any of the above healthcare needs, the school will request an in-person meeting to determine if appropriate services can be provided.

continued on next page...

Medication Information

List all of the student's ongoing prescribed medications:

Medication	Prescribed For	Dosage & Timing

☐ Student has no ongoing prescribed medications

Parent/guardian authorization

I have read the school's medical policy in the student handbook and I understand that:

- a) If a student becomes ill or is injured during the school day, the school will try to notify the parent/guardian and emergency contact if parent/guardian is unavailable. If the school is unable to reach these contacts, the student may be taken to the nearest medical facility where emergency treatment will be administered. If ambulance service is necessary, parent/guardian will be billed for this service.
- b) Prescription medication must be brought to the school in a pharmacy labelled container with clear instructions on dosage, frequency, and end date.
- c) Non-Prescription medication must be brought to the school in the original container with a note from the parent/guardian with clear instructions on dosage, frequency, and end date.
- d) The parent/guardian is responsible to provide all medications (Prescription and Non-Prescription) for their child.
- e) All medications (Prescription and Non-Prescription) must be brought to the office by the parent/guardian or designated adult and will be stored in the school office or other adult only accessible locked location. Medications will be dispensed by authorized staff only.
- f) It is the responsibility of the parent/guardian to inform the school of any changes to their child's medication or medical care.
- g) The parent/guardian is responsible for consequences which may result from lost or misplaced medication that is brought to the school.

Parent/guardian signature

Date

This authorization automatically terminates June 30th of the current school year.

Hope Christian Academy Winnipeg

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