

Medical Health Information Form – Pre-Existing/Medical Conditions - COVID 19

Parent Form – Completion required for any student with a pre-existing physical or medical condition with symptoms similar to COVID prior to attending school.

Students with pre-existing medical conditions may have chronic symptoms that present similar to that of COVID 19. For example, a student may have: asthma; allergies; frequently have a runny nose; or a cough related to their medical condition.

The intent of this form is to ensure that:

- Student and staff health and safety is a top priority;
- Schools are provided with information regarding a student’s chronic symptoms;
- The student named in this form receives the necessary care upon re-entry to school;
- Personnel providing care are able to develop a schedule to ensure the correct (PPE) Personal Protective Equipment measures and provincial health sanitization guidelines are observed throughout the day.
- School staff are able to determine if any of a student’s symptoms are different from those usually present.

Student Name:

Date:

Grade:

Parent/Legal Guardian Name:

Primary Phone Number:

Email Address:

Secondary Phone Number:

Medical/Physical Management requiring adult support: (Check all that apply and briefly provide details.)

Documentation from medical professional on pre-existing condition(s) (i.e. asthma, allergies, etc.)

Medication administration at school and updated form

G-Tube – Feeding



Ostomy bag



Personal Care Needs (e.g toileting, suction, etc.)



Need for Physical Assistance (e.g when transferring)



Other

Acknowledgements by Parents or Legal Guardians:

- I have performed the COVID 19 Screening Questionnaire with my student to establish a base line of health or obtained documentation of baseline from a medical doctor for pre-existing conditions and provided this to the school.
- Any change in the student’s symptoms, medical condition or medication will be brought to the attention of the principal promptly.
- If the student’s health changes from their baseline of health, I agree to use the COVID 19 Self –Assessment Tool and be cleared by AHS prior to returning to school
- I understand that the action taken by staff will be limited to the procedures and protocols developed by the school division in keeping with AHS guidelines.

Parent/Legal Guardian Name:

Signature:

Date:

Authorization for Collection of Personal Information

Personal information is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act. This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.

August 19, 2020

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