

FORT LA BOSSE SCHOOL DIVISION

TITLE - **MEDICAL ASSISTANCE POLICY***

POLICY - **JLCD-E3**

Approval Date - 13/04/98

Cross Reference -

Resolution # - 113/98

Implementation - 13/04/98

Legal Reference -

Last Reviewed - 21/08/07

Form C INFORMATION RE: CHRONIC MEDICAL CONDITION

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NAME OF STUDENT: _____

CHRONIC MEDICAL CONDITION: _____

TYPICAL SYMPTOMS: _____

ACTION TO BE TAKEN WHEN SYMPTOMS APPEAR: _____

MEDICATION BEING TAKEN: _____

LIKELY EFFECTS OF CONDITION OR MEDICATION ON STUDENT PERFORMANCE OR CLASSROOM BEHAVIOUR:

(f) If the medication is discontinued, record the disposition of any unused medication on this form

ATTENDING DOCTOR: _____

ADDRESS: _____

PHONE: _____ (Office) _____ (Res.)

OTHER INFORMATION OR INSTRUCTIONS:

