By signing this form annually, I indicate that my child's allergen and emergency medication/dosage, as indicated above by the physician, <u>has stayed the same.</u>

I am aware that if my child's medical condition changes in any way, I will need to obtain a new *Anaphylaxis Individual Student Emergency Procedure Plan* signed by the physician.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date (YYYY-MM-DD)
School Administration (witness) Printed Name	School Administration (witness) Signature	Date (YYYY-MM-DD)
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Your child's personal information is being collected under the authority of the *School Act* and s. 26(c) of the *Freedom of Information and Protection of Privacy Act*. This information is required to ensure health, safety and emergency response, and will be shared with all school staff and persons reasonably expected to have supervisory responsibility, emergency responders and/or health professionals when necessary for safety or care. By signing this form, you consent to the collection, use, and disclosure of your child's personal information for the purposes outlined above. This consent remains valid until revoked in writing. If you have any questions about the collection, use or disclosure of your child's personal information, please contact the school principal or district privacy staff at privacy@sd42.ca.

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