



Student Accessibility Services Emergency Medical Response Plan

Section A: To be completed by the student

How is this form used?

Student Accessibility Services (SAS) uses this form to obtain direction from your health care provider on how Brock University can provide appropriate support and respond effectively in the event of a medical episode. This information will help us better understand how to assist you and prioritize your safety while on campus.

Privacy and confidentiality:

Documentation provided by students is confidential. Personal health information provided in this form is collected and used in accordance with Section 39 of the Freedom of Information and Protection of Privacy Act (FIPPA), 1990.

Who should complete Section B of this form?

Please forward this document to a regulated health care provider who knows you well and is familiar with your medical condition and recommended response. The completed form can be submitted to our office through the secure document upload online, or it can be mailed, faxed, or delivered in person to Student Accessibility Services at the address listed on page 3 of this form. Please note: Medical professionals may charge a fee for completing this form.

Consent for dissemination of information to Brock University – Campus Safety Services:

By submitting this form to Student Accessibility Services, you consent to the disclosure of the completed form and all information it contains to Campus Safety Services at Brock University. Campus Safety Services are the designated personnel on campus responsible for coordinating with Emergency Medical Services (EMS) and facilitating a prompt and coordinated response in the event of an emergency.

Authorization for release of information:

By signing below, I consent to allow the health care provider completing this form to provide information to the Brock University Student Wellness and Accessibility Centre - Student Accessibility Service confirming disability and providing information pertaining emergency medical episodes and recommended response. I understand that all information in this form will be treated in a highly confidential manner and only information regarding emergency medical episodes and recommended medical response will be shared outside of the Student Wellness and Accessibility Centre-Student Accessibility Services unless required by law. I agree that facsimile copies or photocopies of this form and any related documents will be considered as valid, original copies.

Student name (printed):

Student signature:

Date:

Student Accessibility Services Emergency Medical Response Plan

Section B: To be completed by the health care provider

Student Information:

Student name:

Student date of birth:

Emergency Medical Episode Information:

Please indicate the type(s) of emergency medical episodes the student may experience. *Select all that apply:*

Seizure

Psychogenic non-epileptic seizure

Loss of consciousness (non-seizure related)

Diabetic emergency (hypoglycemia/hyperglycemia)

Cardiac episode

Severe allergic reaction (anaphylaxis)

Asthma attack or respiratory distress

Other (please specify):

Please briefly describe the nature of the condition(s), potential triggers, and typical presentation of the emergency episode(s):

Emergency Procedures:

Please list specific actions that should be taken if symptoms appear or worsen. *Select all that apply:*

Position student safely (specify):

Administer emergency medication (specify below)

Call 911 immediately

Call 911 after episode lasting minutes

Other actions:

Student name:

Emergency Medication/Equipment (if applicable):

If the student requires emergency medication or equipment, please provide additional direction below.

Note: Medications would typically be administered by EMS upon arrival, as indicated, if student is not able to self-administer.

Type of Medication or Equipment:

Location of Medication (on person, in bag, etc.):

Student Able to Self-Administer Medication?

Yes

No

Varies (specify):

Administration Instructions:

Emergency Contact Information:

Name:

Phone number:

Relation:

Name:

Phone number:

Relation:

Name:

Phone number:

Relation:

Duration and Expiry:

Please identify when this Emergency Medical Response Plan should expire or be reviewed/updated by the student?

End of current academic year

Specific date:

Other (please specify):

Note: It is recommended that Emergency Medical Response Plans be reviewed at least annually, or upon any change in medical condition, treatment, or emergency protocol.

The student is responsible for ensuring the plan remains current and for notifying the appropriate campus services of any updates. When the plan expires, or changes occur, the student is asked to re-complete and submit an updated version of this form.

Student name:

Professional Information:

Name of medical professional (printed):

Signature of medical professional:

License/Registration number:

Professional title/credentials:

Date of completion:

Official stamp:

Personal Information:

Brock University protects your privacy and your personal information. The personal information requested on the form is collected under the authority of the Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the purpose of determining academic accommodations. Direct any questions about this collection to the Manager of Student Accessibility Services at Brock University at 905-688-5550 ext. 3427.

Completed form can be submitted directly to:

Brock University

Student Wellness and Accessibility Centre

Student Accessibility Services

ST 400 - 1812 Sir Isaac Brock Way

St. Catharines, ON, L2S 3A1

Fax: 905-688-7260

Phone: 905-688-5550 ext. 3240