



Medical/Health Supports Policy

Date Approved: December 2010

Review Date: December 2013

Purpose:

The purpose of this policy is to:

- demonstrate the Hamilton-Wentworth District School Board's commitment to ensuring the provision of plans, programs, and/or services that will enable students with health/medical needs to attend and participate in school;
- share the responsibility for providing such plans, programs, and/or services with families and community agencies/partners; and
- ensure that key principles of independence, dignity, integration and equality of opportunity are reflected and valued in our learning and working environment.

Guiding Principles:

1. All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to privacy, dignity, and cultural sensitivity.
2. All procedures related to medical/health supports for individual students will include consultation processes with families and, where required, appropriate service providers.
3. Students with special medical/health needs will be maintained in the school in which they are registered whenever possible; however, when this is not possible, students will be supported in appropriate facilities within the system to address their individual needs.
4. Procedures related to medical/health needs of individual students will address physician or health professional prescribed plans of care and relevant legislation and policies.
5. Medical/health services may be requested in accordance with the Ministry of Education Policy/Program Memorandum 81: Provision of Health Support Services in School Settings.
6. The designation of roles and responsibilities for medical/health support services in school settings does not preclude, in emergency situations, the provision of assistance by school board personnel.
7. Staff who provide health supports to students shall have full coverage under the Board's liability policies.
8. Services and supports as described in the directives contained within this policy shall be rendered by authorized personnel only (i.e., Board staff who have received pertinent information and training). Students and volunteers are not considered authorized personnel.

Intended Outcome:

The Hamilton-Wentworth District School Board, in conjunction with the appropriate health care provider, will share the responsibility for providing school health support services to ensure that all school-aged children can attend and participate in school regardless of their special health support needs.

Responsibility: Superintendent with responsibility for Special Education

Definitions/Acronyms:

CCAC	: Community Care Access Centre
IEP	: Individual Education Plan
OT	: Occupational Therapist
PT	: Physiotherapist
PPM	: Ministry of Education’s Policy/Program Memorandum
EA	: Educational Assistant

Action Required:

- Ensure that a set of directives in the following areas, that outline specific medical/health procedures to be followed, are developed and regularly reviewed and updated:
 - Administration of Oral Prescription Medication;
 - Diabetes Management and Education;
 - Blood Borne Pathogens;
 - Anaphylaxis;
 - Pediculosis;
 - Use of Service Dogs in Schools;
 - Catheterization and Suctioning, Lifting, Positioning, and Physical Management;
 - Use of Automated External Defibrillators (AEDs).
- Ensure that additional directives as may be required to address other specific medical/health conditions are developed, and then regularly reviewed and updated.

Progress Indicator:

The Hamilton-Wentworth District School Board will work with Community Care Access Centre and other authorized service providers to facilitate supports such that students with medical/health needs are able to attend and participate in school.

References:

Legislation: Education Act
Ontario Human Rights Code
Accessibility for Ontarians with Disabilities Act
Freedom of Information Act
Occupational Health and Safety Act
Policy/Program Memorandum 81: Provision of Health Support Services in a School Setting
Memorandum dated August 14, 1989, Catheterization and Suctioning
Sabrina’s Law

Pillar Policies: Diversity and Equity
Safe Schools

Policy: Transportation
Occupational Health and Safety
Accessibility Standards for Customer Service (and related Policy Directives)

Plan: HWDSB Accessibility Plan

Medical / Health Support Policy

Policy Directive: Anaphylaxis

Date Approved:

Review Date:

BACKGROUND INFORMATION

Applicable Reference from the Policy

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to privacy, dignity, and cultural sensitivity.

Background

Parents/guardians may ask that peanuts and peanut products (or other allergens) be banned from the school as part of a prevention plan. Such a request cannot be reliably implemented and HWDSB cannot assume responsibility for providing a 'peanut-free' (or allergen-free) environment. There is no responsibility for any jurisdiction to reduce the risk of exposure to allergens to zero, as we live in a world that is full of potential allergens. However, with the cooperation and involvement of the entire community, HWDSB strives to minimize the risk of exposure, and to ensure a rapid response to an emergency. Schools are responsible for having a plan in place for students identified as requiring such a plan. A similar plan may be developed for a staff member who is anaphylactic and who consents.

The contents of this directive have been reviewed within the context of Sabrina's Law (An Act to Protect Anaphylactic Students). Sabrina's Law states that:

"If an employee has reason to believe that a pupil is experiencing an anaphylactic reaction, the employee may administer an epinephrine autoinjector or other medication prescribed to the pupil for the treatment of an anaphylactic reaction, even if there is no preauthorization to do so under subsection (1)", and that "No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence".

Definitions

Anaphylaxis Anaphylaxis is a severe, life-threatening allergic reaction that could result from food consumption, bee stings, strenuous exercise, environmental factors, etc. The most common triggers are food and insect stings. Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen. Anaphylaxis affects multiple body systems, including skin, upper and lower respiratory, gastrointestinal, and cardiovascular. Symptoms may include any of the following:

- ✓ itchy eyes, nose, face
- ✓ flushing of face and body
- ✓ swelling of eyes, face, lips, tongue and throat
- ✓ hives
- ✓ vomiting
- ✓ diarrhea
- ✓ wheezing
- ✓ a feeling of foreboding, fear, and apprehension
- ✓ weakness and dizziness
- ✓ inability to breathe
- ✓ loss of consciousness
- ✓ coma

Medication	The term medication, when used in this directive, refers only to medication that is prescribed by a physician. Non-prescriptive, over-the-counter medication is not to be administered by staff.
Epinephrine	Also known as adrenalin, epinephrine is a naturally occurring hormone. When released into the blood stream, it signals the heart to pump harder, increasing blood pressure, opening airways in the lungs, and narrowing blood vessels in the skin and intestine to increase blood flow to major muscle groups.
Autoinjector	Situations may arise that require staff to administer prescribed emergency medication, which is necessary only in specific emergency or life-threatening situations. The administration of epinephrine by an autoinjector (i.e., <i>EpiPen</i> ®, or <i>Twinject</i> ®) is the method by which medication will be delivered.
Triggers	<p>It should be noted that any food could trigger an anaphylactic reaction. Cross-contamination of foods is also a concern. However, foods which can trigger such a reaction are:</p> <ul style="list-style-type: none"> ✓ peanuts/peanut butter/peanut oil: the most prevalent among school students ✓ tree nuts: hazelnuts, walnuts, pecans, almonds, cashews ✓ sesame seeds and sesame oil ✓ cow's milk ✓ eggs ✓ fish ✓ shellfish ✓ wheat ✓ soy ✓ bananas, avocados, kiwis and chestnuts for children with latex allergies <p>Other possible sources in prepared foods include:</p> <ul style="list-style-type: none"> ✓ cookies ✓ cakes ✓ cereals ✓ granola bars ✓ candies <p>Possible sources in non-food items include:</p> <ul style="list-style-type: none"> ✓ Playdough (may contain peanut butter) ✓ scented crayons and cosmetics ✓ peanut-shell stuffing in "bean-bags" and stuffed toys ✓ wild bird seed, sesame ✓ insect venom (bees, wasps, hornets, yellow-jackets) ✓ rubber latex (e.g., in gloves, or balloons, erasers, rubber spatulas, craft supplies, Koosh balls) ✓ vigorous exercise ✓ plants such as poinsettias, for children with latex allergies

1.0 RESPONSIBILITY

- 1.1 Parents/guardians and the medical profession have primary responsibility for the management of the medical condition(s) of students.
- 1.2 The safety of anaphylactic students in a school setting depends on the cooperation of the entire school community in order to minimize the risk of exposure, and to ensure a rapid response in case of emergency.
- 1.3 Every school shall develop and maintain a school anaphylactic management plan that includes the following as outlined in Sabrina's Law:
 - √ Strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
 - √ A communication plan for the dissemination of information on life-threatening allergies to parents/guardians, pupils and employees.
 - √ Regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
 - √ A requirement that every school principal develop an individual plan for each pupil who has an anaphylactic allergy.
 - √ A requirement that every school principal ensure that, upon registration, parents/guardians and pupils shall be asked to supply information on life-threatening allergies.
 - √ A requirement that every school principal maintain a file for each anaphylactic pupil of current treatment and other information, including a copy of any prescriptions and instructions from the pupil's physician or nurse and a current emergency contact list.

(NOTE: The development of a plan, as well as training and awareness, shall take place in all schools regardless of whether there are anaphylactic students.)

2.0 PRINCIPAL

- 2.1 As part of the School Anaphylactic Management Plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:
 - √ Develop and maintain the School Anaphylactic Management Plan, including all sections as outlined in 1.3 above.
 - √ Develop and maintain plans for reducing risk in classrooms and common areas (e.g. computer lab, gym, music room, lunchroom, library, rental areas, day care, snack bar, cafeteria, vending machines, playground, etc.)
 - √ Provide information about risk reduction to food services staff.
 - √ Discuss anaphylaxis awareness and risk reduction with any third party providers that may directly or indirectly affect allergic students.
 - √ Ensure maintenance staff cover/remove garbage containers to reduce the risk of insect-induced anaphylaxis and perform routine checks for active hives/nests around the school property during applicable times of the year.
 - √ Post Individual Anaphylactic Plan forms in the staff room and office.
 - √ Arrange for staff to participate in an annual education session for all staff members and through the Public Health Services.
 - √ Keep a record of staff that have completed the annual education session.
 - √ Develop an Individual Anaphylactic Plan, including Emergency Procedures for each identified anaphylactic student.
 - √ Develop and maintain a file for each anaphylactic student of current treatment and other information, including a copy of any prescriptions and instructions from the student's physician or nurse and a current emergency contact list.
 - √ When a prescribed medication is not provided for a known anaphylactic student, make a request in writing to the parents/guardians and keep a copy in student's file.
 - √ Develop and maintain Emergency Procedures and emergency communication in different locations and circumstances (i.e., playground, during assemblies, extracurricular activities, field trips, board-approved vehicle transportation, etc.).
 - √ Maintain up-to-date emergency contacts and telephone numbers.

- √ Clearly indicate where medications are stored and provide storage for additional Epinephrine autoinjector in easily accessible locations and ensure location is communicated clearly to staff.
- √ Determine the appropriate level of supervision for each anaphylactic student in eating areas.
- √ Send all prescribed medication home at the end of the school year.
- √ Ensure that the School and Early Identification Process stimulate the parent/guardian response to anaphylactic concerns.
- √ Enter allergen data in the student information system.
- √ Ensure the student anaphylactic file is transferred at the same time of the OSR to schools within HWDSB.

2.2 In the development of each Individual Anaphylactic Plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:

- √ In collaboration with the parent/guardian, develop and maintain an Individual Anaphylactic Plan for each student who has an anaphylactic allergy. The plan shall include:
 - details informing staff in regular, direct contact with the student of the type of allergy, monitoring and avoidance strategies and appropriate treatment.
 - a readily accessible Emergency Procedures for the student, including emergency contact information.
 - storage for epinephrine autoinjectors, where necessary.
- √ Request a minimum of two epinephrine autoinjectors be available for each student if possible.
- √ Encourage parents/guardians to have their child wear a MedicAlert™ or equivalent means of identification to reduce risk.
- √ Request parents/guardians to provide a safe means for their child to carry their Epinephrine autoinjector on their person (i.e., epibelt, fannypack, etc.).
- √ Ensure that instructions from the student's physician and any other necessary forms (provided by the parent/guardian) are on file.
- √ Maintain up-to-date emergency contacts and telephone numbers.
- √ Review student safety as he/she travels to and from school on a Board-approved transportation carrier, if applicable.
- √ Establish safe procedures for field trips and extracurricular activities.
- √ Share and review the plans with parents/guardians of anaphylactic students.

2.3 As part of a communication plan, the Principal, in collaboration with other staff as appropriate, has the responsibility to:

- √ Develop and maintain a plan for the dissemination of information on life-threatening allergies to parents/guardians, students and employees.
- √ At the beginning of each school year / semester (with at least one follow-up reminder at the elementary level), communicate general awareness information regarding life-threatening allergies to parents/guardians, students and staff.
- √ At the beginning of each school year, communicate the School Anaphylactic Management Plan responsibilities to all persons (teachers, educational assistants, office staff, occasional teachers, board-approved transportation carriers, food service providers, volunteers) who may be in regular contact with students with life-threatening allergies.
- √ At the beginning of each school year, communicate the Individual Anaphylactic Plans to school staff who may be in regular contact with students with life-threatening allergies.
- √ If parent/guardian consent to do so is signed, communicate to board-approved transportation carriers, food service providers, volunteers, etc. who may be in regular contact with students with life-threatening allergies.
- √ Discuss communication on anaphylaxis with the School Council / Home and School.
- √ Develop a process for communicating information re: anaphylactic student(s) to occasional teachers and other supply staff.
- √ Provide names of anaphylactic students to teachers when students transition between grades or school sites within HWDSB.

3.0 CLASSROOM TEACHER/OCCASIONAL TEACHER

- 3.1 The classroom teacher/occasional teacher has the responsibility to:
- ✓ Maintain strategies that reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas.
 - ✓ Follow the School Anaphylactic Management Plan for reducing risk in classrooms and common areas.
 - ✓ Be aware of anaphylactic students in the school and classroom.
 - ✓ At the elementary level: Stress the importance of anaphylactic students not sharing lunches, snacks, utensils or containers, and reinforce hand washing before and after eating.
 - ✓ At the secondary level: Be aware of students that have anaphylaxis and encourage them to be responsible for carrying appropriate medications and reducing risk.
 - ✓ Take extra precautions choosing classroom materials and planning classroom activities/field trips/special events, in consultation with parents/guardians.
 - ✓ Follow and maintain a communication plan for the dissemination of information on life-threatening allergies to parents/guardians, students and other staff members.
 - ✓ Provide anaphylaxis awareness sessions for the classroom, in age-appropriate terms.
 - ✓ Encourage the buddy system.
 - ✓ Facilitate regular communication between parents/guardians and other teachers.
 - ✓ Inform parents/guardians of special occasions in classroom where food will be prepared or served as age appropriate.
 - ✓ Participate in regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis.
 - ✓ Participate in the development of an Individual Anaphylactic Plan for each student who has an anaphylactic allergy in their classroom.
 - ✓ Maintain the Individual Anaphylactic Plan.
 - ✓ Display the Emergency Procedures in the classroom(s), with parent/guardian approval\student if older than 18.
 - ✓ Provide occasional teachers with a list of anaphylactic students for reference.
 - ✓ Understand Emergency Procedures and emergency communication in different locations and circumstances (i.e., playground, during assemblies, extracurricular activities, field trips, board-approved transportation, etc.).
 - ✓ When the student experiences a life-threatening allergen reaction, follow the Emergency Procedures.
 - ✓ Read and be aware of registration information regarding life-threatening allergies of students registered in their classroom.
 - ✓ Read and provide information for each anaphylactic student file pertaining to students in their classroom, as applicable.

4.0 ANAPHYLACTIC STUDENTS

- 4.1 Wherever possible and contingent on the physical and mental capabilities of the student and consent of the parent/guardian, the anaphylactic student has the responsibility to:
- ✓ Wear a MedicAlert™ bracelet or necklace (or equivalent).
 - ✓ Carry his/her Epinephrine autoinjector at all times when written consent of parent/guardian is provided.
 - ✓ Follow expectations of physician and parent/guardian.
 - ✓ Tell their teachers, principal and friends about their allergies.
 - ✓ Tell / Identify self as anaphylactic to occasional personnel associated with the school (i.e., occasional teachers, educational assistants, coop student, parent volunteer, or board-approved transportation driver, etc.) when in direct contact with you.
 - ✓ Tell their teachers, principal and friends where to find their Epinephrine autoinjector.
 - ✓ Wash hands before eating.
 - ✓ Eat only foods brought from home or those that have parent/guardian approval.
 - ✓ Do not share food, drinks, utensils, containers, dishes, cups, etc.
 - ✓ Avoid open containers which could contain food refuse.
 - ✓ Avoid participation in recycling programs.
 - ✓ Learn to recognize the symptoms of an anaphylactic reaction.
 - ✓ Monitor own wellness and promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
 - ✓ Know how to use Epinephrine autoinjector if capable of self-administration (Note: Due to rapid reaction rate, students may be unable to notify an adult and/or self-administer the Epinephrine autoinjector).
 - ✓ Where appropriate learn the contents of products in their natural environment.
 - ✓ Tell an adult if a situation of concern or potential danger arises.
 - ✓ Use a buddy system.
 - ✓ Provide information to new teachers and staff when moving to a new school.

5.0 ALL SCHOOL PERSONNEL AND SUPPORT STAFF

- 5.1 All school personnel (e.g., Educational Assistants, clerical, caretaking, occasional teachers and casual Educational Assistants, etc.) who are in direct contact with students on a regular basis have the responsibility to:
- ✓ Be aware of anaphylactic students in the school.
 - ✓ Be aware of the School Anaphylactic Management Plan and follow it.
 - ✓ Be aware of location(s) of Epinephrine autoinjector(s).
 - ✓ Be aware of individual emergency procedures plans, where applicable.
 - ✓ Maintain an allergen-safe environment in the school.
 - ✓ Participate in regular training regarding anaphylaxis as provided by the Board/Public Health Services.
 - ✓ Be alert for situations, events or circumstances which may present an unsafe situation for student(s) with anaphylaxis and report these to the Principal.

6.0 PARENTS / GUARDIANS OF AN ANAPHYLACTIC STUDENT

- 6.1 The parents /guardians have the responsibility to:
- ✓ Inform the school of their child's allergies, confirmed by a physician.
 - ✓ Provide safe foods for special occasions for their child.
 - ✓ Provide the school with a physician's written instructions and prescription for administering medication and ensure that these instructions are on or with the child's Epinephrine autoinjector.
 - ✓ Provide information and assistance to the school, teachers and school council as requested.
 - ✓ Provide up-to-date medication (i.e., Epinephrine autoinjector) for the student (and a back-up).
 - ✓ Provide up-to-date emergency contacts and telephone numbers.
 - ✓ Provide a MedicAlert™ bracelet or necklace (or equivalent) for their child.
 - ✓ Determine, with a physician, when a child is able to take responsibility for self-administration of the Epinephrine autoinjector.
 - ✓ Assist with the development and completion of an Individual Anaphylactic Plan for their child, and review annually or when circumstances change.
 - ✓ Supply current photographs of their child for identification.
 - ✓ Review the School Anaphylactic Management Plan with school personnel.

- √ Encourage the buddy system.
- √ Teach their child (contingent on the student's physical and mental capabilities) to:
 - recognize the first symptoms of an anaphylactic reaction.
 - know where medication is kept, and who can get it.
 - communicate clearly when he or she feels a reaction starting.
 - carry his/her own Epinephrine autoinjector and understand its purpose.
 - use the Epinephrine autoinjector, if capable of self-administration.
 - eat only foods brought from home, until the student is capable of checking labels and monitoring intake.
 - understand the importance of hand washing.
 - recognize and understand their allergy.
 - take as much responsibility as possible for his/her own safety and well-being.

7.0 PUBLIC HEALTH NURSE

- 7.1 The Public Health Nurse, as requested, has the responsibility to:
- √ Offer regular (annual) education sessions to all schools within the HWDSB.
 - √ Provide an education session using a detailed standardized teaching plan on how to manage anaphylaxis at school that includes education regarding how and when to use an Epinephrine autoinjector.
 - √ Ensure an Anaphylaxis Education Session Attendance record will be provided at every education session (that will include the name of the school, date of education session and the name of attendees) which will be kept with the school and a copy with the Public Health Nurse at the City of Hamilton Public Health Services as required by the College of Nurses of Ontario.
 - √ Update the teaching plan on an ongoing basis as new information is acquired.

8.0 SCHOOL COUNCILS

- 8.1 The School Council has the responsibility to:
- √ Assist in the development of anaphylactic procedures as part of the School Anaphylactic Management Plan.

9.0 ALL VOLUNTEERS, PARENTS/GUARDIANS WITHIN THE SCHOOL COMMUNITY

- 9.1 The volunteers, parents/guardians within the school community have the responsibility to:
- √ Be aware of and comply with School Anaphylactic Management Plan.
 - √ Support the principal and staff in education / communication to all students regarding the need for an allergen-safe environment.
 - √ Be aware of anaphylactic students in the school where they are in regular and direct contact with students.

10. TRANSPORTATION SERVICES

- 10.1 Transportation Services has the responsibility to:
- √ Assist schools in carrying out their responsibility as it relates to transportation of students with anaphylaxis.
 - √ Ensure that Sabrina's Law is respected and reflected in contract agreements with carriers.
 - √ Work with carriers to develop strategies to reduce the risk of exposure to anaphylactic causative agents.



INDIVIDUAL ANAPHYLACTIC PLAN

SECTION A (to be completed by parent/guardian in consultation with the physician)

Please print

STUDENT'S NAME: _____ **Birthdate:** Year ____ Month ____ Day ____

STUDENT'S HEALTH CARD NUMBER: _____

Parent/Guardian's Name: a) _____ b) _____

Telephone Contact Information

a) Parent/Guardian Home: _____ Work: _____ Cell: _____

b) Parent/Guardian: Home: _____ Work: _____ Cell: _____

Emergency Contact:

Name: _____ Home: _____ Work: _____ Cell: _____

DOCTOR'S NAME _____ **PHONE #** _____

Description of Allergy	
Food / Events / Conditions which are to be avoided	
Eating Restrictions	
Possible Symptoms	

MEDICAL CERTIFICATION:

THIS IS TO CERTIFY THAT _____ **HAS AN ANPHYLACTIC**

REACTION TO _____ **AND MUST BE GIVEN EPINEPHRINE**

AUTO-INJECTOR (EpiPen®) IN THE EVENT OF AN ALLERGIC REACTION.

DOCTOR'S SIGNATURE _____ **DATE:** _____

(This medical certification is valid until revoked by the parent and / or physician)

PARENT / GUARDIAN SIGNATURE _____ **DATE:** _____

EMERGENCY PROCEDURES

_____ (name)

This student has a DANGEROUS life-threatening allergy to:

Photo	<input type="checkbox"/> Peanut <input type="checkbox"/> Tree nuts <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medication:- <input type="checkbox"/> Other: _____ Food: The key to preventing an anaphylactic emergency is avoidance of the allergen. Individuals with food allergies cannot share food, eat unmarked/bulk foods, or products that have the "may contain" warning.
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KNOW THE SIGNS & SYMPTOMS...a person with anaphylaxis might have any of the following signs or symptoms:

Face: Itchy eyes, itchy nose, flushed face, swollen lips, swollen tongue

Airway: Trouble breathing or swallowing, hoarseness, choking, coughing, wheezing

Stomach: Pain, vomiting, diarrhea

Skin: Rash, itchiness, swelling, hives - anywhere on the body

General: Weakness, sense of doom, loss of consciousness

Anaphylaxis can lead rapidly to unconsciousness and death.

KNOW WHAT TO DO...the first signs of a reaction can be mild, but symptoms can get worse very quickly.

EMERGENCY PROCEDURES

- LOCATION** of epinephrine auto-injectors 1. _____ 2. _____
- ADMINISTER** the epinephrine auto-injector at the first sign of a reaction. It is dangerous to wait. Give a second dose in 10 - 15 minutes if reaction continues or worsens.
- CALL 911:** _____ (Name of School) _____ We have a student who is allergic to _____ and is in respiratory distress. We have administered an epinephrine auto-injector. We need an ambulance sent to (address of school) _____. The nearest major intersection is _____.
- OFFICE CALLS THE PARENTS/GUARDIANS.**
- STAY WITH THE STUDENT.** Keep the child quiet. A second epinephrine auto-injector may be needed in 10-15 minutes if reaction continues or worsens.

****CONTACT INFORMATION BELOW TO BE FILLED IN FOR USE IN OFFICE / STAFFROOM COPY ONLY****

CONTACT NAMES / PHONE NUMBERS / APPROVAL

	Home:	Work:	Cell:
	Home:	Work:	Cell:



CONSENT FORM

(to be signed by parent/guardian unless the student is 18 years of age or older)

Administration of Medication

In the event of my child _____ experiencing an anaphylactic medical emergency, I consent to the administration of an epinephrine auto-injector by an employee of the Hamilton-Wentworth District School Board as outlined in the Emergency Procedures.

Please Print

Student's Name _____ Class _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date: _____

Signature of Student _____ Date: _____
(if 18 years of age or older)

Maintenance of Epinephrine Auto-Injector

I understand that it is the responsibility of my child _____ to carry an epinephrine auto-injector on his/her person.

Please Print

Student's Name _____ Class _____

Name of Parent / Guardian _____

Signature of Parent / Guardian _____ Date: _____

Signature of Student _____ Date: _____
(if 18 years of age or older)

Collection, Disclosure and Use of Personal Information

Authorization for the collection and maintenance of the personal information recorded on the Individual Anaphylaxis Plan form is the Municipal Freedom of Information and the Protection of Privacy Act. Users of this information are supervisory officers and/or school staff. Any questions regarding the collection of personal information should be directed to the principal of the school.

I hereby consent to the use of personal information contained herein by the persons above named and by such other officers or employees of the Board including the school Public Health Nurse, who may need the personal information in the performance of their duties.

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not employees of The Hamilton-Wentworth District School Board through the posting of photographs and medical information of my child (Emergency Procedures) in the following key locations:

(please check applicable boxes)

- classroom staffroom lunchroom gym
 office school bus other _____ and
 through the provision of personal information contained herein to the following persons who are not employees of the Board: *(please check applicable boxes)*
 Food services providers
 Board-approved transportation carriers
 School volunteers in regular direct contact with my child.

I UNDERSTAND THAT, PURSUANT TO SABRINA'S LAW, 2005, ONLY EMPLOYEES OF THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD ARE AUTHORIZED TO ADMINISTER EPINEPHRINE INJECTIONS.

Signature of parent/guardian _____ Date _____

Signature of principal _____ Date _____

