HWDSB

This Plan of Care is not to be used for prevalent medical conditions such as Anaphylaxis, Asthma, Diabetes or Epilepsy

_____MEDICAL CONDITION

Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

OEN # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

CONDITION INFORMATION

SYMPTOMS

Post copy of page one in staff only area

PREVENTATIVE MEASURES

EMERGENCY RESPONSE PLAN

HEALTHCARE PROVIDER INFORMATION

Healthcare provider may include: Physician or Nurse Practitioner

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please complete the Authorization of Administration of Oral Prescription Medication (Appendix F).
✸This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3._____

4._____ 5._____ 6._____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ❒Yes ❒ No _____

After-School Program ❒ Yes ❒ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20___— 20___school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

Parent(s)/Guardian(s): _____ Date: _____

Signature

Student: _____ Date: _____

Signature

Principal: _____ Date: _____

Signature

Information on this form is collected under the legal authority of the Education Act and in accordance with Sections 28 and 29 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). The purpose of the form is to support children with prevalent medical conditions and foster healthy and safe environments in which students can learn. We take your privacy seriously and have policies in place to make sure your information is protected (see our Privacy and Information Management Policy 1.6). Questions or concerns should be directed to your school principal.

File in student Prevalent Medical Conditions folder with Plan of Care. Also file a copy in the OSR. Retain until superseded or no longer in effect.