Please download before filling out

Halton District School Board

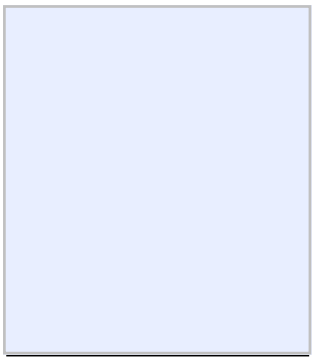
PLAN OF CARE

for

STUDENT NAME _____ GRADE/CLASS

Teacher(s): _____

School Care Team (min 2 staff): _____



Insert Student Photo Above

Known trigger(s) and/or symptoms:

Medication to be used when (list symptoms and/or activity):

Dosage: _____ Assistance required to administer: ◯ Yes ◯ No

SAFE STORAGE:
Student will carry the medication at all times. The medication is kept in the student's:

☐ Pocket ☐ Hip / Backpack Other: _____ ☐ N/A

Student's spare medication is located: _____

SCHOOL CARE TEAM		
WHO	DUTIES	WHEN (if appropriate)

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	**RELATIONSHIP**	**DAYTIME PHONE**	**ALTERNATE PHONE**

EMERGENCY PROCEDURES

In the event of an emergency, staff shall:

ADDITIONAL INFORMATION

AUTHORTIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is to be shared)

- ☐ school staff
- ☐ classmates
- ☐ transportation provider
- ☐ lunchroom supervisor
- ☐ relevant occasional staff
- ☐ relevant volunteers
- ☐ before and/or after care
- ☐ post copy
- ☐ food service provider(secondary only)
- ☐ other _____

☐ Request for School Personnel to Administer Prescribed Medication Form is completed.

☐ Authorization for Self-Administration Prescribed Medication by Student Form is completed.

This plan remains in effect for the 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.)

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

_____ Parent/Guardian Signature*

_____ Student Signature

_____ Principal or Designate Signature

_____ Date

*If the student is 18 years and over, a parent signature may not be required.

Personal information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 in compliance with the Personal Health Information Protection Act, S.O. 2004, c. 3 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board's educational mandate. Questions about this collection may be directed to the School Operations Department, Superintendent of Health. October 2019