Date:_____

HEALTH CARE PLAN (OTHER)

This form should be completed for serious health conditions that require emergency procedures and daily routine management.

Diagnosis: _____

_____

Description of the Condition: _____

_____

STUDENT INFORMATION:

School: _____

Student Name:_____ Date of Birth:_____

Age:_____ School:_____

Grade:_____ Teacher:_____

Student Photo (Optional)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

-
-
-
-

TAKE ACTION:

STEP 1:

STEP 2:

Form P662.2, April 2019

Date:_____

IF ANY OF THE FOLLOWING OCCUR:

-
-
-
-
- Other

THIS IS AN EMERGENCY

STEP 1:

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2:

While waiting for medical help to arrive:

- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

DAILY/ROUTINE MANAGEMENT

Date:_____

Storage and location of spare medication and other supplies if applicable:

Disposal of unused medication and medical supplies if applicable (supply and disposal of unused medication and/or medical supplies are facilitated by the family):

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

☐ School Staff

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: _____ unless otherwise notified by parents of need to revisit the Plan. (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/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The York Region District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. Parent(s)/guardian(s) acknowledge that the employees of the York Region District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parent(s)/guardian(s) to ensure that clear instructions and current physician's orders are provided to the principal.

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

Principal: _____ Date: _____
Signature

Date:_____

Authorization for the collection of this information is in accordance with the *Education Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, and the *Personal Health Information Protection Act*, as amended and applicable. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation. Users of this information include but are not limited to principals, teachers, support staff, volunteers, and bus drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.

Distribution: Original: Secure location accessible by school staff

Original: Scanned and uploaded to SSNET

Original: Scanned and sent to Student

Transportation Services

Copy: Parent/Guardian

Copy: File in the OSR

RETAIN: Current school year + 1 year

Relevant Forms:

Staff Administration of Medicine

Self-Administration of Medicine

Medical Incident Record Form