

Limestone District School Board
Special Education Advisory Committee
SEAC Meeting

Wednesday, September 19, 2018

**Limestone District School Board Education Centre
220 Portsmouth Avenue, Kingston**

6:00 pm

AGENDA

- 1. Welcome**
- 2. Approval of Agenda**
- 3. Declaration of Conflict of Interest**
- 4. Business Arising From the Minutes**
- 5. Educational Services Update- Building Our Vision for the Future: Enhancing Special Education Services in Our District 2018-2019- Associate Superintendent Alison McDonnell, Principal Darlene Scarlet, Special Education Program Coordinator Sue Burnett**
- 6. Correspondence**
- 7. Association Updates (Attached)**
- 8. Other Business**
 - i) Ministry Updates –Associate Superintendent Alison McDonnell, Special Education Program Coordinator Sue Burnett
 - PPM 161-AP 311 Supporting Students with Prevalent Medical Conditions
 - ii) Service Delivery Updates for 2018-2019 School Year - Associate Superintendent Alison McDonnell, Principal Darlene Scarlett
 - iii) Parent Involvement Committee Digital Working Group - Associate Superintendent Alison McDonnell
 - iv) Special Education Advisory Committee Handbook (SEAC)- Chair Karen

McGregor

10. Next Meeting Date

October 24, 2018

11. Adjournment

Reallocation of Resources	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Restructuring supports and programming for students to create a more inclusive whole school approach to supporting students with special needs.</p>	<ul style="list-style-type: none"> ● Students who have developmental disabilities access both the provincial curriculum and alternative programming as appropriate ● Use of provincial report card for all elementary students who are accessing modified curriculum who have a developmental disability when appropriate ● Use of a new alternative report card format for elementary students when appropriate ● Review of the current service delivery model for secondary school to community services 			

Reallocation of Resources	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Restructuring Educational Services District Programs to support a more inclusive learning environment for all students.</p>	<ul style="list-style-type: none"> • Review programming in District Learning Centres (Behaviour) 			
<p>Restructuring some Educational Services teams/groups to increase consistency of In-school supports, build school capacity to meet needs of students and effectively allocate resources.</p>	<ul style="list-style-type: none"> • Human Resources will review the Educational Assistant (EA) Job Selection Process • Implement the role of Communicative Disorder Assistant (CDA) to support delivery of speech language services • Implement the new Speech and language service delivery model • Implement the roles of Autism Intervention Assistants and Behaviour Intervention Assistants on the Autism and Behaviour Action Team • Implement the role of Social Worker in secondary 			

	<p>schools and north end elementary schools</p>			
<p>Differentiating supports equitably based upon demographic and socio-economic needs.</p>	<ul style="list-style-type: none"> • Review the Student Support Counsellor, Student Attendance Counsellor, Clinical and Speech Language staffing allocation model to optimize in-school supports 			

Professional Learning	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Learning For All</p>	<p>Build capacity with all school staff to:</p> <ul style="list-style-type: none"> ➤ support the needs of all students within an inclusive environment ➤ support the development and implementation of exemplary Individualized Education Plans (IEPs) ➤ implement Applied Behavioural Analysis (ABA) ➤ implement Behaviour Management Systems (BMS) ➤ support the development of social and emotional learning and self-regulation ➤ support student mental health and wellness (Tier 1, 2, 3 supports) ➤ support the continued training and effective use of assistive 			

	<p>technology for both staff and students</p> <ul style="list-style-type: none">➤ support math programming and assessment for all students➤ support students with trauma and attachment through a whole school approach (i.e., PACE model)➤ Increase capacity of in school teams to support student needs in an inclusive environment➤ Increase capacity in the area of supporting students with FASD in our schools➤ Increase capacity in the area of Universal Design for Learning (UDL)			
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Strengthen Partnerships	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Deepening parent understanding of special education supports and services available to students in our schools.</p>	<ul style="list-style-type: none"> • Develop and share user friendly parent and student resources related to special education and student advocacy 			
<p>Empowering parents as an important and knowledgeable stakeholder when making decisions about their student’s learning and well-being.</p>	<ul style="list-style-type: none"> • Continue to investigate the concept of strength-based, person-centred planning in consultation with parents, community partners, and other school boards • Engage parents and community partners in effective and ongoing transition planning from school entry to a meaningful adult life • Engage parent involvement in the Mental Health Leadership Committee • Implementation of Transition to Adulthood Planning Toolkit 			

Leverage Supports	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Collaborating with our community partners to promote social inclusion and student learning and well-being.</p>	<ul style="list-style-type: none"> • Continue to explore the enhancement and impact of natural supports and programming (peer tutor/student mentor/volunteer) within our schools • Continue to offer information and networking opportunities with community partners and LDSB staff to further understand available resources and services for our students and their families 			
<p>Collaborating with our community partners to promote social inclusion and student learning and well-being.</p>	<ul style="list-style-type: none"> • Investigate opportunities within our schools and within our communities to support pathways for students and explore employability supports in partnership with our community 			

Leverage Supports	Short-Term: 2018-2019 School Year	Progress Sept-Nov 2018	Progress Dec 2018-March 2019	Progress April 2019-June 2019
<p>Investigating partnerships that support shared services and use of resources.</p>	<ul style="list-style-type: none"> Continue to collaborate with Maltby Centre and Algonquin Lakeshore Catholic District School Board in Kingston After School ABA Program for students with autism 			
<p>Continuing to work with the Ministry of Education to serve student with special education needs.</p>	<ul style="list-style-type: none"> Continue to work with the Ministry for special education funding that meets the needs of the students in LDSB Engage in the Ministry of Education Pilot Project to Support Transitions to Post Secondary Pathways for Students with Developmental Disabilities 			
<p>Investigating the concept of coaches to support inclusion of students.</p>	<ul style="list-style-type: none"> Build capacity in the area of Universal Design for Learning and deepen understanding of the role of coaching 			



*Limestone District School Board
Report to SEAC*

Report to: Special Education Advisory Committee (SEAC)

From: Alison McDonnell, Associate Superintendent, Learning for All

Subject: Associate Superintendent's Report

Date: September 19, 2018

(i) Ministry Updates

- PPM 161- AP 311-Supporting Students with Prevalent Medical Conditions has been appended to the agenda package and will be reviewed at the SEAC meeting.

(ii) Service Delivery Updates for 2018-2019 School Year

Changes to the special education service delivery model for the 2018-2019 are as follows:

- Addition of 4.0 FTE Social Workers (reduction of 1.0 Attendance Counsellor)
- Addition of 1.0 Special Education Support Teacher (for students with intellectual disabilities)
- Addition of 2.0 Autism Intervention Assistants
- Addition of 2.0 Behaviour Intervention Assistants
- Addition of 2.0 Communicative Disorders Assistants (reduction of 2.0 Speech EAs)

(iii) Parent Involvement Committee Digital Working Group

The Parent Involvement Committee (PIC) has discussed a number of issues related to student success and well-being. In May 2018, a working group was formed called the Parent Involvement Committee Digital Working Group. This group is putting together recommendations from PIC related to the use of technology in our schools. The group is requesting the input of SEAC members related to the use of assistive technology. This request will be reviewed in detail at our SEAC meeting and SEAC members who are interested in participating will be asked to identify their interest at the SEAC meeting.

(iv) Special Education Advisory Committee Handbook

The SEAC Handbook can be found online at:
[https://limestone.ss16.sharpschool.com/UserFiles/Servers/Server_352698/File/Programs/Special %20Education/SEAC_Handbook.pdf](https://limestone.ss16.sharpschool.com/UserFiles/Servers/Server_352698/File/Programs/Special%20Education/SEAC_Handbook.pdf) and will be reviewed at the SEAC meeting.

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions

(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

School Board Policy Statement

The Limestone District School plays an important role in supporting students with prevalent medical conditions to fully access school in a safe, accepting, and healthy learning environment that supports well-being. It is essential that all members of the school community are familiar with the prevalent medical conditions as outlined in the Plan of Care and are trained and confident in prevention strategies to minimize risks, recognize the symptoms of a medical emergency and know the steps to follow in dealing with a medical emergency. The Limestone District School Board will empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s), according to their Plan of Care.

The Limestone District School Board Health Issues Handbook includes the following sections, as well as additional information specific to each prevalent medical condition:

1) Awareness 2) Management and Prevention 3) Emergency Treatment 4) Resources

Other Related Policies, Administrative Procedures and Protocols:

- Safe Environments: Administrative Procedure 140
- Creating a Healthy Nutrition Environment: Administrative Procedure 210
- Administration of Medication and/or Medical Procedures to Students: Administrative Procedure 314

Definitions

Anaphylaxis – is a sudden and severe allergic reaction, which can be fatal, requiring medical emergency measures be taken

Asthma – is a chronic, inflammatory disease of the airways in the lungs.

Diabetes – is a chronic disease, in which the body either cannot produce insulin or cannot properly use the insulin it produces.

Epilepsy – is a neurological condition which affects the nervous system. Epilepsy is also known as a seizure disorder or by many people as convulsions.

Health Care Professional – a member of a College under the Regulated Health Professions Act, 1991 (e.g., medical doctor, nurse practitioner, registered nurse, pharmacist).

Health Care Provider – may be a Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

Medical Emergency – is an acute injury or illness that poses an immediate risk to a person’s life or long-term health and requires assistance from another qualified person and contact with Emergency Medical Services.

Medical Incident – is a circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with Emergency Medical Services.

Plan of Care - a form that contains individualized information on a student with a prevalent medical condition.

Prevalent Medical Condition – for the purpose of this document, includes anaphylaxis, asthma, diabetes, and epilepsy.

School – all school and school-board activities, including field trips, overnight excursions, board-sponsored sporting events, and board-operated before- and after-school programs for children aged 4 to 12 years.

School board(s) and board(s) – district school boards and school authorities

School staff – all school staff, including occasional staff.

Self-Management – a continuum where a student’s cognitive, emotional, social and physical capacity and stage of development are determinants of their ability to confidently and independently manage their medical conditions(s). The students’ journey to reach their full potential along the self-management continuum is not linear and can require varying levels of support over time. A student’s capacity for self- management may be compromised during certain medical incidents, and additional support will be required.

Students – children in Kindergarten and students in Grades 1 to 12.

Roles and Responsibilities

1.0.0 The Limestone District School Board, hereafter referred to as “the Board”, shall implement *Supporting Students with Prevalent Medical Conditions* to protect students with asthma, anaphylaxis, seizures and/or diabetes as determined by the practices and protocols as outlined in the *Health Issues Handbook*.

1.1.0 Each school shall implement *Supporting Students with Prevalent Medical Conditions* and the guidelines specified in the *Health Issues Handbook*.

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

1.2.0 The Board shall determine the responsibilities of all employees, parents/guardians, volunteers, and students in accordance with *Supporting Students with Prevalent Medical Conditions* and the *Health Issues Handbook*.

Parents/Guardians of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents/guardians are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. Parents/guardians should:

- Educate their child about their medical condition(s) with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- Communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s) or changes to their child's ability to manage their medical condition(s), to the principal or the principal's designate
- Confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- Initiate and participate in annual meetings to review their child's Plan of Care
- Supply their child and/or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate
- Provide the school with copies of any medical reports or instructions from the student's health care provider
- Review all school and board policies related to the management of their child's medical condition(s)

Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Plan of Care. Students should:

- Take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- Participate in the development of their Plan of Care

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

- Participate in meetings to review their Plan of Care
- Carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies)
- Set goals on an on-going basis, for self-management of their medical condition, in conjunction with their parent(s)/guardian(s) and health care professional(s)
- Communicate with their parent(s)/guardian(s) and school staff if they are facing challenges related to their medical conditions(s) at school
- Wear medical alert identification that they and /or parent(s)/guardian(s) deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

School Staff

School staff should follow their school board's policies related to supporting students with prevalent medical conditions in schools. School staff should:

- Review the contents of the Plan of Care for any student with whom they have direct contact
- Participate in training on prevalent medical conditions, at a minimum annually, as required by the school board
- Share information on a student's signs and symptoms with other students, if the parents give consent to do so and as outlined in the Plan of Care and authorized by the principal in writing
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extra-curricular activities in accordance with the student's Plan of Care
- Support a 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
- Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care
- Maintain log of administration of medication

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

Principal

In addition to the responsibilities outlined under “School Staff”, the principal should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child’s medical condition(s), as well as the expectation for parents/guardians to co-create, review, and update a Plan of Care with the principal or the principal’s designate. This process should be communicated to parents/guardians at a minimum:
 - I. during the time of registration
 - II. each year during the first week of school
 - III. when a child is diagnosed and/or returns to school following a diagnosis;
- Co-create, review or update the Plan of Care for a student with a prevalent medical condition with the parent(s)/guardian(s), in consultation with the school staff (as appropriate) and with the student (as appropriate), during the first thirty school days of every school year and, as appropriate, during the school year (e.g., when a student has been diagnosed with a prevalent medical condition)
- Maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student’s Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Plan of Care
- Encourage the identification of staff who can support the daily or routine management needs of students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements
- Ensure, with consent, an updated photo with key emergency information is placed in a school location for all staff to see on a regular basis
- Ensure all staff have received training annually, including training about any prevention strategies, strategies for supporting inclusion and participation in school, recognition of life-threatening situations, emergency protocols and the use of any emergency medical interventions
- Maintain a list of school personnel who have received training
- Promote a supportive learning environment recognizing the need for an accepting social climate for students with prevalent medical conditions

ADMINISTRATIVE PROCEDURE 311

Supporting Students with Prevalent Medical Conditions

(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy)

School Board

The LDSB will communicate, on an annual basis, the policies on supporting students with prevalent medical conditions to parents/guardians, school board staff, and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). Policies and Plan of Care templates are available on the LDSB website.

The LDSB will also:

- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations
- Communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care
- Consider PPM 161 and related board policies when entering into contracts with transportation, food service and other providers
- Ensure at the time of registration there is a process for identifying students with prevalent medication conditions

Liability

Individuals who provide emergency first aid to students are protected by legislation that prevents liability. Examples include the Good Samaritan Act, Ryan's Law (asthma) and Sabrina's Law (anaphylaxis).

Appendices

- I. Plan of Care - Anaphylaxis
- II. Plan of Care - Asthma
- III. Plan of Care - Diabetes
- IV. Plan of Care - Epilepsy
- V. Medical Incident Record Form

June 2018

KNOWN LIFE THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

- Previous anaphylactic reaction: **Student is at greater risk.**
- Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.
- Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness.
- **Respiratory system** (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, vomiting, diarrhea, pain or cramps.
- **Cardiovascular system** (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock.
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

**EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT
COULD SAVE A PERSON'S LIFE.**

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.

Food(s) to be avoided: _____

Safety measures: _____

Insect Stings: Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.

Designated eating area inside school building: _____

Safety measures: _____

Other information: _____

EMERGENCY PROCEDURES
(DEALING WITH AN ANAPHYLACTIC REACTION)

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.

2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.

3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.

4. Follow direction of emergency personnel, including transport to hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 - 6 hours).

5. Call emergency contact person; e.g. Parent(s)/Guardian(s).

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____ If

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

- 1) Form 314-A1, "Administration of Medication/Medical Procedures to Students"
- 2) Form 314-A3: "Authorization and Request Form for the Administration of an Epi-Pen"

Are Forms 314-A1 and Forms 314-A3 required for this student? Yes No

TRANSPORTATION

Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported.	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the	-Ensure that the student is transported safety according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities.

-Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.	-Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.	-Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).	strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.	-Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.
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AUTHORIZATION / USE OF INFORMATION / 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: _____

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

classroom other: _____
 office

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

Please Note: Checked box indicates that this student has an additional Plan of Care



PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Change In Weather	<input type="checkbox"/> Pet Dander	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Cold Weather
<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen) _____			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____			
<input type="checkbox"/> Any Other Medical Condition Or Allergy? _____			

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

Other (explain): _____

Use reliever inhaler _____ in the dose of _____
(Name of Medication) (Number of Puffs)

Spacer (valved holding chamber) provided? Yes No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

Airomir Ventolin Bricanyl Other (Specify) _____

Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

With _____ – location: _____ Other Location: _____

In locker # _____ Locker Combination: _____

Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

Pocket

Backpack/fanny Pack

Case/pouch

Other (specify): _____

Does student require assistance to **administer** reliever inhaler? Yes No

Student's **spare** reliever inhaler is kept:

In main office (specify location): _____ Other Location: _____

In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(* Student may also be restless, irritable and/or quiet.)

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!** Follow steps below.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(*Student may also be anxious, restless, and/or quiet.)

THIS IS AN EMERGENCY:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.

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

STEP 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

- 1) Form 314-A1, "Administration of Medication/Medical Procedures to Students"
- 2) Form 314-A2, "Authorization and Request Form for the Administration of Prescribed Medication"

Are Forms 314-A1 and Forms 314-A2 required for this student? Yes No

TRANSPORTATION

Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported.	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the	-Ensure that the student is transported safely according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities.

<p>-Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.</p>	<p>-Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.</p>	<p>-Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).</p>	<p>strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.</p>	<p>-Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.</p>
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AUTHORIZATION / USE OF INFORMATION /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: _____

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- classroom other: _____
 office

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

Please Note: Checked box indicates that this student has an additional Plan of Care

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

TYPE 1 DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) _____

Method of home-school communication: _____

Any other medical condition or allergy? _____

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes

No

If **Yes**, go directly to page five (5) — Emergency Procedures

ROUTINE	ACTION
<p>BLOOD GLUCOSE MONITORING</p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p>	<p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p>
<p>NUTRITION BREAKS</p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>	<p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>

ROUTINE	ACTION (CONTINUED)
<p>INSULIN</p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Injection <input type="checkbox"/> Pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: _____</p> <p>_____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p>
<p>ACTIVITY PLAN</p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Insulin and insulin pen and supplies. <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ <p>_____</p> <p>Location of Kit:</p> <p>_____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (4 mmol/L or less)

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give _____grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact.

*School personnel are not responsible for treating severe low blood glucose with glucagon. Where necessary, arrangements will be made at the school to safely store an accessible supply of glucagon.

HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ |

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call parent(s)/guardian(s) or emergency contact

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

- 1) Form 314-A1, "Administration of Medication/Medical Procedures to Students"
- 2) Form 314-A2, "Authorization and Request Form for the Administration of Prescribed Medication"

Are Forms 314-A1 and Forms 314-A2 required for this student? Yes No

TRANSPORTATION

Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that	-Ensure that the student is transported safety according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for

<p>at school during the day. -Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.</p>	<p>completion of this plan. -Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.</p>	<p>experiencing while being transported. -Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).</p>	<p>transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.</p>	<p>transporting students with disabilities. -Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.</p>
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AUTHORIZATION / USE OF INFORMATION / 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: _____

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

classroom other: _____

office

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

Please Note: Checked box indicates that this student has an additional Plan of Care

PREVALENT MEDICAL CONDITION — EPILEPSY
Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation
(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Improper Medication Balance | |
| <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ | | |

DAILY/ROUTINE EPILEPSY MANAGEMENT

DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:

SEIZURE MANAGEMENT

Note: It is possible for a student to have more than one seizure type.
Record information for each seizure type.

SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms) Type: _____ Description: _____	

Frequency of seizure activity: _____

Typical seizure duration: _____

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

Does student need to leave classroom after a seizure? Yes No

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth (with the exception of emergency rescue medication as prescribed)
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

Protect student's head
Keep airway open/watch breathing
Turn student on side

EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water.
- ★ Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

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Plan for Student Transportation

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AUTHORIZATION / USE OF INFORMATION / 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: _____

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- classroom other: _____
 office

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

Please note: Checked box indicates that this student has an additional Plan of Care

