General Plan of Care

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Ontario Ed. #: _____ Age: _____

Teacher(s): _____ Grade: _____

Other Medical Condition/Allergies: _____

MedicAlert ID? ☐ Yes ❒ ☐

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

SUMMARY OF MEDICAL INFORMATION

Medical Diagnosis or Condition: _____

_____

Relevant Background Information: _____

_____

_____

_____

DAILY / ROUTINE MANAGEMENT

Include as Appropriate:

- Recess Safety
- Washroom Safety
- Hallway Safety
- Nutrition Break Safety
- Field Trip Safety
- Fire Evacuation/Safety Drills

EMERGENCY PROCEDURES

Include a description of what constitutes a medical emergency for the student and list the steps that will be taken:

Description: _____

_____

Steps:

Note: If more room is needed, use the Additional Notes section on Page 5 of this document.

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 Physician's Authorization and Request for the Administration of Prescribed Medication
2) Form 314-A2 Authorization and Request for the Administration of Prescribed Medication

Are forms 314-A1 and Forms 314-A2 required for this student? ☐ Yes ❒ ☐

If a designated medical procedure is required and will be administered at school, it is necessary to complete:

1) Form 314- B1 Authorization and Request for the Administration of Medical Procedures

Is form 314- B1 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, Tri-Board, and school staff. -Advise Tri-Board and parents/guardians of relevant issues while at school during the day. -Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for 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.	-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. -Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).	-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 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.	-Ensure that the student is transported safety according to needs listed on this plan. -Follow Tri-Board and School Board policies and procedures for transporting students with disabilities. -Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.

AUTHORIZATION / USE OF INFORMATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route #: (If Applicable) _____

Other: _____

All bus drivers are certified in the administration of First Aid, CPR, and EpiPen. These are the only medical procedures a driver may perform. In the event of a student showing signs of medical distress during travel on the school bus, the driver will stop the vehicle in the first safe location, assess the situation, determine if an EpiPen needs to be administered, immediately contact the Bus Operator to request emergency services. The driver will remain with the student until the

arrival of the emergency services team. Should a bus driver have occasion to administer First Aid, CPR, or an EpiPen, he/she does so in applying the “in loco parentis” principle, not as a health care professional. Visit triboard.ca for complete procedure details. (Tri-Board)

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***

Additional Notes: