

PREVALENT MEDICAL CONDITION OTHER
Plan of Care

STUDENT INFORMATION

Student Name _____

Date Of Birth _____

Student Picture
(Optional)

SIS # _____

Age _____

Grade _____

Teacher(s) _____

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

DESCRIPTION OF CONDITION

Name of Condition:

Description of Condition:

Signs/Symptoms:

DAILY ROUTINE MANAGEMENT OF CONDITION

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: _____

Special Instructions/Notes/Prescription Labels: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

*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.)

I/We hereby request that the Peel District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The Peel 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)/guardians and students acknowledge that the employees of the Peel District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parents to ensure that clear instructions and current physician's orders are provided to the principal.

Authorization for the collection of this information is in the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act, as amended and as applicable. This form will be kept for a minimum period of one calendar year. The contact person concerning this collection is the school principal.

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

Student Signature: _____ Date: _____

Principal Signature: _____ Date: _____