

Student: _____**School Year 20** _____ **to 20** _____**Part One: STUDENT INFORMATION**

Name of Student: _____

Date of Birth: _____

School: _____

Homeroom Teacher: _____

Parent/Guardian: _____

Contact Number: _____

Healthcare Professional: _____

AHC (optional): _____

Occupational Therapist: _____

Physiotherapist: _____

Description of student's health/medical condition(s): (i.e. seizure disorder, etc)**If the medical condition is potentially fatal or debilitating, please complete the following (sections 1-5):****1. Symptoms exhibited at onset** (type in text box below)

Student: _____

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2. Identify cautions staff need to be aware of

3. Medical procedure to be followed when student is under distress due to named medical condition

- a) _____
- b) _____
- c) _____
- d) _____

4. Parent/Guardian Emergency Contact Number: _____

5. Name of medication (if any) to be administered in emergency situation (list below)

Medication	_____	_____
Dosage	_____	_____
Method of Administration	_____	_____
Possible Side Effects	_____	_____
Special Storage	_____	_____
Instructions	_____	_____
Termination date (if any) of administering medication	_____	_____
Student ability to self-administer medication	_____	_____
Timeframe in which medication must be received	_____	_____

The student’s Health Care Professional affirms that administration of medication to the student as requested by the parent is within the competence of an adult untrained in medical procedures.

Health Care Professional’s Signature **Date**

I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.

I confirm that I have advised the Transportation Department about this student’s severe medical condition.

Parent/Guardian Signature **Date**

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Part Two: ROUTINE CARE PLAN - Complete Part Two separately for each service required.

Note: Provision of medication to manage an ongoing medical condition is considered an essential routine service

Describe the care required (type in text box below)

How often is this required? (type in text box below)

Does the student have the ability to self-administer medications or perform self-care?

Yes

No

Unsure

Any additional instructions. ie, What apparatus is needed, if any? Care of apparatus. Storage/accessibility of medication.

Student: _____

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Parent's Responsibilities:

School's Responsibilities.

Please provide any other information that would help us to understand your child's needs

Student: _____

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The school personnel listed below have received the necessary training to provide the care described on the previous page.

<i>NAME</i>	<i>TITLE</i>

Training for the Service Technique listed below has been delivered.

Health Care Professional's Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Teacher Signature

Date

Other Signature

Date

Supporting Documentation (type in text box below)

** Note: The signature of an authorized health care professional is required by the Principal depending on the level of complexity of the service requested*

Student: _____

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Part Three: EMERGENCY CARE PLAN *(Complete Part Three only if an emergency plan is required)*

Note: This part is to be completed by the school in collaboration with the parent.

Parent's Responsibilities.

School's Responsibilities.

Student: _____

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Note: *If the requirements of the service requested have changed, complete a new Essential Routine Services and Emergency Plan form. If there are no changes, use this sign-off sheet to confirm the plan has been reviewed with the parent.*

This plan remains in effect for the 20_____ to 20_____ school year without change.	
_____ Parent/Guardian Signature	_____ Date
_____ Principal Signature	_____ Date
This plan remains in effect for the 20_____ to 20_____ school year without change.	
_____ Parent/Guardian Signature	_____ Date
_____ Principal Signature	_____ Date
This plan remains in effect for the 20_____ to 20_____ school year without change.	
_____ Parent/Guardian Signature	_____ Date
_____ Principal Signature	_____ Date