



# IDENTIFICATION AND EMERGENCY TREATMENT PLAN

## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

Student Name

Grade

Place Student Photo  
Here

Date of Birth

Room

## IDENTIFICATION OF SYMPTOMS:

## EMERGENCY TREATMENT PLAN:

## WHEN TO CALL 911:

## WHEN TO CALL HOME:

### Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used by the principal, classroom teacher and transportation staff for the purposes of providing emergency medical information and support. Questions regarding the collection of this information should be directed to the principal of the school.

**To be Completed by:** Principal of the school using information from the Plan of Care

**Description of Use:** Original: OSR; Copies: 1. Student's Classroom;  
2. Student Transportation Services (where applicable) (Retention: Updated Annually)