



ACCESSIBILITY:

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Sample Heart Condition Student Plan Of Care

| Heart Condition Plan of Care Alert - Draft | | | | | |
|---|---------------|--------------|-------------|-----------------|-----------|
| Student Name | OEN | Board ID # | Grade | DOB | |
| School | School Family | | | | |
| Additional Contact Information | | | | | |
| Created By | Created | Last Edit By | Last Edited | Status Draft | Finalized |
| HEART CONDITION: | | | | | |
| | | | | | |
| MEDICATION TO BE TAKEN AT SCHOOL: | | | | | |
| | | | | | |
| List any side effects of the medication to learning/physical activity: | | | | | |
| | | | | | |
| List effects of the heart condition on learning activities: | | | | | |
| | | | | | |
| Recommendations/accommodations for learning activities: | | | | | |
| | | | | | |
| List effects of the heart condition on physical activities: | | | | | |
| | | | | | |
| Recommendations/accommodations for physical activities: | | | | | |
| | | | | | |



Participation in school/classroom daily or routine management activities, co-curriculars, recess, etc.:

Recommendations/accommodations for daily or routine management activities, co-curriculars, recess, etc.:

Other:

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

Identification of Symptoms:

EMERGENCY TREATMENT PLAN:

When to call 911:

When to call home:

AUTHORIZATION/PLAN REVIEW

STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program Yes No _____

School Bus Driver/Route # _____
 (If Applicable)

After-School Program Yes No _____

Other: _____



This plan remains in effect for the school year without change and will be reviewed on or before: .

It is the parent(s)/guardian(s)/student 18+ responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

The following will be shared with appropriate school staff and others, and/or posted:

- Student Plan of Care - on file in Office and with Classroom Teacher
- Identification and Emergency Treatment Plan - posted in classroom
- Identification and Emergency Treatment Plan (STSWR) - shared with Student Transportation Services of Waterloo (if applicable)
- At-a-Glance - posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Parent(s)/Guardian(s)/Student 18+:

Signature

Date

Student Over 16:

Signature

Date

Principal:

Signature

Date

This information is collected pursuant to s. 170 and s.265(1)i) of the Education Act, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M-56 and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information, please contact the Principal of your child's school.