



ACCESSIBILITY:

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Sample Other Condition Student Plan Of Care

Other Plan of Care Alert - Draft					
Student Name	OEN	Board ID #	Grade	DOB	
	School Family				
School					
Additional Contact Information					
Created By	Created	Last Edit By	Last Edited	Status	Finalized
				Draft	
PURPOSE:					
This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency (911).					
DEVELOPMENT TEAM:			STAFF AVAILABLE FOR SUPPORT:		
			(In the event of a medical emergency, the Emergency Response Team will be called for support.)		
RESPONSE PLAN(S):					
RESPONSE PLAN MEDICAL INCIDENT		RESPONSE PLAN MEDICAL EMERGENCY - 911			
PROTOCOL FOR RESPONSE IN EXTRAORDINARY CIRCUMSTANCES:					
During Fire Alarm			During Lockdown		
Off Campus Excursions					
WASHROOM PROTOCOL (if applicable)					



IDENTIFICATION AND EMERGENCY TREATMENT PLAN
Identification of Symptoms:
EMERGENCY TREATMENT PLAN:
When to call 911:
When to call home:

SAMPLE



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: _____
Special Instructions/Notes/Prescription Labels:	
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 <input type="radio"/> No <input type="radio"/>	School Bus Driver/Route _____ # (If Applicable) _____
After-School Program Yes <input type="radio"/> No <input type="radio"/>	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:	
<input type="checkbox"/> Student Plan of Care - on file in Office and with Classroom Teacher	
<input type="checkbox"/> Identification and Emergency Treatment Plan - posted in classroom	
<input type="checkbox"/> Identification and Emergency Treatment Plan (STSWR) - shared with Student Transportation Services of Waterloo (if applicable)	
<input type="checkbox"/> 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.

SAMPLE