

**Plan of Care**

**STUDENT INFORMATION**

Student Name _____ Date Of Birth _____ Ontario Ed. # _____ Age _____ Grade _____ Teacher(s) _____	Student Photo (optional)
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**EMERGENCY CONTACTS (LIST IN PRIORITY)**

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

**SUMMARY OF MEDICAL INFORMATION**

Medical diagnosis or condition: \_\_\_\_\_

\_\_\_\_\_

Relevant background information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DAILY / ROUTINE MANAGEMENT

Include, as appropriate:

- Recess Safety
- Washroom Safety
- Hallway Safety
- Nutrition Break Safety
- Field Trip Safety
- Fire Evacuation/Safety Drills

Note: If more room is needed use the Additional Notes section on page 5 of this document.

## EMERGENCY PROCEDURES

Include a description of what constitutes a medical emergency for the student, and list the steps that will be taken.

Description: \_\_\_\_\_

Steps:

Note: If more room is needed use the Additional Notes section on page 5 of this document.

## 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: \_\_\_\_\_

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

- 1) Form 314-A1, "Administration of Medication/Medical Procedures to Students"
- 2) Form 314-A2, "Authorization and Request Form for the Administration of Prescribed Medication"

Are Forms 314-A1 and Forms 314-A2 required for this student?  Yes  No

## TRANSPORTATION

### Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

### Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported.	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the	-Ensure that the student is transported safely according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities.

<p>-Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.</p>	<p>-Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.</p>	<p>-Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).</p>	<p>strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.</p>	<p>-Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.</p>
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### AUTHORIZATION / USE OF INFORMATION / 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: \_\_\_\_\_

All bus drivers are certified in the administration of First Aid, CPR, and Epi-Pen. These are the only medical procedures a driver may perform. In the event of a student showing signs of medical distress during travel on the school bus, the driver will stop the vehicle in the first safe location, assess the situation, determine if an epi-pen needs to be administered, immediately contact the Bus Operator to request emergency services. The driver will remain with the student until the arrival of the emergency services team. Should a bus driver have occasion to administer First Aid, CPR, or an Epi-pen, he/she does so in applying the "in loco parentis" principle, not as a health care professional. Visit [triboard.ca](http://triboard.ca) for complete procedure details. (Triboard)

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- classroom       other: \_\_\_\_\_  
 office

**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.)

Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Please Note: Checked box indicates that this student has an additional Plan of Care**

**Additional Notes:**