



Prevalent Medical Conditions: Student Plan of Care

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

Emergency contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			

Known Life-Threatening Triggers (check the appropriate boxes)		
<input type="checkbox"/> Food (s)	<input type="checkbox"/> Insect Stings	
<input type="checkbox"/> Other:		
Epinephrine Auto-Injector(s)		Expiry Date (s):
Dosage:	<input type="checkbox"/> EpiPen® Jr. 0.15 mg	<input type="checkbox"/> EpiPen® 0.30 mg
Location of Auto-Injector(s):		
<input type="checkbox"/> Previous anaphylactic reaction: Student is at greater risk.		
<input type="checkbox"/> Has asthma. Student is at greater risk. If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.		
<input type="checkbox"/> Any other medical condition or allergy?		



Daily/Routine Anaphylaxis Management
Symptoms
A student having an anaphylactic reaction might have ANY of these symptoms:
Skin System: hives, swelling (face, lips, tongue), itching, warmth, redness
Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose, watery eyes and sneezing), trouble swallowing
Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps
Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste
<i>Early recognition of symptoms and immediate treatment could save a person's life.</i>

Avoidance of an allergen is the main way to prevent an allergic reaction.
Food allergen(s): eating even a small amount of a certain food can cause a severe reaction.
Food(s) to be avoided:
Safety Measures:
Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trashcans, keep food indoors.)
Designated eating area inside school building:
Safety measures:
Other information:
EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)
ACT QUICKLY. The first signs of a reaction can be mild, but symptoms can get worse quickly.

STEPS¹

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in the symptoms.
4. Go to the nearest hospital immediately (by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 to 6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardians(s).

¹Food Allergy Canada



Healthcare Provider Information (Optional)	
Healthcare Provider's Name:	
Profession/Role:	
Signature:	Date:
Special Instructions/Notes/Prescription Labels:	
If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies and possible side effects. ** This information may remain on file if there are no changes to the student's medical condition.	

Authorization/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	<input type="checkbox"/> YES <input type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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/Guardian: _____
Signature

Date: _____

Student (if 18 years or older): _____
Signature

Date: _____

Principal: _____
Signature

Date: _____

Information Collection Authorization

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)

