PREVALENT MEDICAL CONDITION OTHER
PLAN OF CARE

STUDENT INFORMATION		Student Photo
Student Name:		
Student wears Medical-Alert Bracelet YES NO		
Date of Birth	Age:	
Teacher	Grade:	☐ I consent to publicly displaying this photo.

EMERGENCY CONTACTS in ORDER

Name	Relationship	Phone #
1.		
2.		
3.		
4.		

MEDICAL CONDITION

CONDITION NAME:

CONDITION DESCRIPTION:

MEDICATION

Has medication been prescribed to manage this condition? Yes No
Has emergency recovery medication been prescribed? Yes No
If yes, the following section must be completed by a physician.

Name of Medication	
Method of Administration	Dosage: Time of Administration:
Additional Information	

Name of Physician (print)	
Phone Number	
Physician Signature	DATE:

Does the student have any other Prevalent Medical Conditions for which there is a Plan of Care? No Yes
If Yes, check all that apply:

- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Epilepsy/Seizure
- ☐ Concussion
- ☐ Diabetes

DAILY MANAGEMENT

NCCSA EMERGENCY PROCEDURES

SIGNS AND SYMPTOMS	
RESPONSE	☐ ☐ ☐ ☐

HEALTH CARE PROVIDER INFORMATION

Please review this plan of care with your healthcare provider.

Name:	Profession ☐ Physician ☐ Nurse practitioner	Medication: Name: Dosage: Frequency:
Special Instructions:		
Signature (where possible):		Date:

INDIVIDUALS with whom THIS PLAN OF CARE WILL BE SHARED

- ☐ **I/we authorize the principal to share the Plan of Care with school staff who are in direct contact with my child.**
- ☐ **I/we authorize the following to also have access to this Plan of Care (check all that apply)**
  - ☐ **Niagara Children's Centre**
  - ☐ **Before and/or After School Program**
  - ☐ **Transportation Provider**
    - ☐ **BUS # _____**

This plan of care remains in effect for the _____ School Year and will be reviewed within the first 30 days of a new school year
If at that time, there are no changes to the student medical history, this information may remain on file.
It is the responsibility of parents to notify the principal if there is a need to change this plan during the school year.

Parent Signature:	Date:
Student Signature:	Date:
Principal Signature:	Date: