**General Health and/or Emergency Care Plan**

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| Identification | **Child’s Name** | **Date of Birth:** | **Health Card Number:** | **MedicAlert® Number:** |
| **Does your child carry an Emergency Health Services (EHS) Special Patient Protocol card with them?**  **Yes  No** | | | |
| **Allergies:** | **Medical Diagnosis(es):** | Place Photo Here | |
| **Is your child aware of their diagnosis?**  **Yes  No** | |
| **Does your child experience fears and/or anxiety related to their health care needs/medical diagnosis?**  **Yes  No**  ***If yes,*** please describe helpful coaching/support/management strategies: | |
| **Medications required during school hours: N/A**  **1.**  **2.**  **3.** | | **Location where medication is stored at the school (*refer to Board policy)***  **1.**  **2.**  **3.** | |
| **Bus Driver(s) and Bus numbers(s) (if applicable):** | | | |
| **Morning Bus:** | | **Afternoon Bus:** | |

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| Identification | **This plan has been shared with bus operators, and /or other school designated person(s) providing transportation**  **Yes  N/A** | | | | | | |
| **Does your child have any activity restrictions while at school?**  **Yes  No**  ***If yes*, please describe:** | | | | | | |
| **Emergency Contacts: Please prioritize 1,2,3, in the order the calls are to be placed:** | | | | | | |
| **Name**  **1.**  **2.**  **3.** | **Relationship**  **1.**  **2.**  **3.** | **Home Phone Number**  **1.**  **2.**  **3.** | | **Work Phone Number**  **1.**  **2.**  **3.** | **Cell Phone Number**  **1.**  **2.**  **3.** | **E-Mail**  **1.**  **2.**  **3.** |
| **Identify the preferred method of communication, for non-emergency situations**  **Phone call**  **Text**  **Email**  **Communication book/agenda**  **Other; please specify:** | | | | | | |
| **Additional Information:** | | | | | | |
| **Designated school staff with training: *(to be completed by school staff)*** | | | | | | |
| **1.**  **2.**  **3.** | | | **4.**  **5.**  **6.** | | | |

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| Health Care Need(s) | ***Describe your child’s health care need (non-emergent), intervention(s) required, expected outcome(s), and symptoms and/or outcomes that must be reported. Please use the space provided and be specific.*** | | | | |
| **Health Care Need #1** | | **Intervention required** | **Expected Outcome** | **Reportable Symptoms** |
|  | | Steps in Order:  Additional information: |  |  |
| **Health Care Need #2** | | **Intervention required** | **Expected Outcome** | **Reportable Symptoms** |
|  | | Steps in Order:  Additional information: |  |  |
| Health Care Need(s) | **Health Care Need #3** | | **Intervention required** | **Expected Outcome** | **Reportable Symptoms** |
|  | | Steps in Order:    Additional information: |  |  |
| Potential Emergency Situation(s) And Required Actions | ***Describe typical symptoms/warning signs, and/or concerns that may indicate that your child is experiencing difficulty or that may indicate an emergency situation. Describe the course of action. Please use the spaces provided and be specific.*** | | | | |
| **Scenario 1**  ***Scenario 2*** | ***Symptom(s)/warning sign(s)*** | | ***ACTION (steps in order)***  Additional information: | |
| **Scenario 2** | ***Symptom(s)/warning sign(s)*** | | ***ACTION (steps in order)***          Additional Information: | |
| Potential Emergency Situation(s) and Required Action | ***Scenario 3*** | ***Symptom(s)/warning sign(s)*** | | ***ACTION (steps in order)***    Additional information: | |

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| Consent & Authorizations | **Parent/Guardian/Student (if appropriate) Authorization**  **Re: Consent to Release Information of the Health and/or Emergency Care Plan** |
| I authorize and hereby consent for school staff to use and/or share information found on this form for purposes related to the education, health, and safety of my child. This may include but is not limited to:   1. Display of my child's photograph in hard copy or electronic format so that staff, volunteers, and school visitors will be aware of his/her medical condition. 2. Place a copy of this plan in appropriate locations in the school including storing an electronic copy in my child’s confidential record. 3. Communication with school bus operators, or other school designated person(s) providing transportation. 4. Any other circumstances that may be necessary to protect the health and safety of my child.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Parent/Guardian Signature*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Student (if appropriate)* |
| **Parent/Guardian/Student (if appropriate) Authorization  Re: Consent for Implementation of the Health and/or Emergency Care Plan** |
| I have provided the information above and agree with the identified health care needs, interventions and/or the emergency responses outlined in this plan. I am aware that school staff are not medical professionals and will perform all aspects of the plan to the best of their ability and in good faith.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Parent/Guardian Signature*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Student (if appropriate)* |
| *Note: It is the parent(s)’/guardian(s)’ responsibility to notify the principal if there is a need to change the Health and/or Emergency Care Plan throughout the school year. This authorization may be cancelled upon receipt of written notification to the principal.* |
| **Authorizations**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Regulated Health Care Professional Signature and Designation*    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Print Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*  *Principal*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Print Name*  **Plan is effective on: (insert date) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  | ***NOTE: Plans need to be reviewed, updated, and signed annually.*** |