UPPER GRAND DISTRICT SCHOOL BOARD

SERIOUS OR LIFE-THREATENING MEDICAL CONDITION

518-5

Plan of Care

STUDENT INFORMATION

Student Name _____

Ontario Ed #(OEN)_____

Grade _____

Any other medical condition/ allergy _____

Date of Birth _____ (mm/dd/year)

Age _____

Teacher(s) _____

MedicAlert® ID ☐ Yes ☐ No

Insert Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

MEDICAL CONDITION

Specific medical condition requiring a plan of care:

Symptoms of medical distress:

Response to medical distress:

☐ DNR

Student specific monitoring:

Support strategies:

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:

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. _____

INSTRUCTIONS FOR TRANSPORTATION PROVIDER

Is the student a bus student? ☐ No ☐ Yes* **NOTE**: Bus drivers do not have access to the Plan of Care and provide limited care.

***SEE NEXT PAGE FOR BUS PROCEDURES**

_____

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

SERIOUS OR LIFE-THREATENING MEDICAL CONDITION – Instructions for Transportation Provider

1. The procedures for the bus will be developed collaboratively between family, school and transportation services.
2. In the event of an emergency, dispatch will be notified to call 9-1-1 to request an ambulance.
   a. Dispatch will then contact the school/principal to notify parent/guardian or emergency contact.

Student-specific instructions for bus driver must include:

1. What is the medical condition requiring the Plan of Care, and what are the symptoms of medical distress?
2. How should the bus driver and EMS respond to medical distress?
3. Does the student have a DNR (Do Not Resuscitate) noted on the Plan of Care? Y☐ N☐
4. If there is a specific medication, where will it be kept with the student while on the bus (e.g. specific pocket in backpack) ?
5. Are there any specific seating requirements on the bus?

Transportation Services Acknowledgement by Parent/Guardian of Bus Student

I understand that student transportation is a service provided by the board to eligible students and is not a right or entitlement.

I acknowledge that the school bus driver's primary responsibility is the safe operation of the vehicle and the safety of all passengers. I understand that drivers are not medical professionals and cannot provide ongoing medical supervision while driving.

In the event of a medical concern or emergency, I understand that the driver will follow established procedures, which may include safely stopping the bus and contacting emergency services. I acknowledge that while every effort will be made to respond to my child's medical needs, the level of response may be limited by the driver's responsibility to maintain the safety of all passengers.

I confirm that I have provided all relevant medical information and supports required for my child's safe transportation, as outlined in this Plan of Care.

Parent/Guardian Initials: _____ **Date: _____**