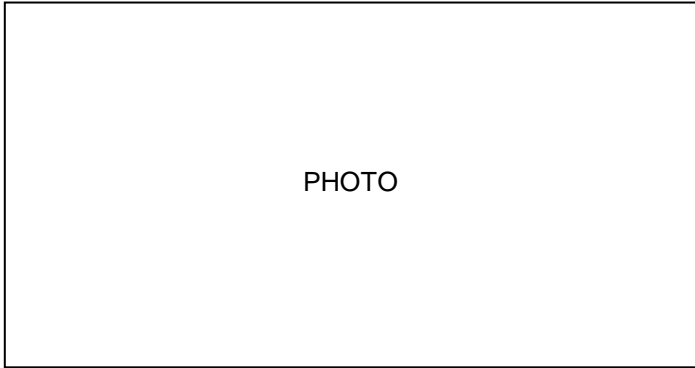




**EMERGENCY HEALTH CARE PLAN
ANNUAL UPDATE REQUIRED**



NAME _____

DATE: _____

DOB: _____

SCHOOL: _____

GRADE / ROOM: _____

TEACHER: _____

PHYSICIAN: _____

TRAINED SUPPORT PERSONNEL
AND BACK UP:

1. _____

2. _____

ALLERGIES: _____

DIAGNOSIS OF CONDITION: _____

SYMPTOMS: _____

WARNING
SIGNS: _____

ACTION 1: _____

ACTION 2: _____

Post in a secure location accessible by school staff only

- DISTRIBUTION LIST: OSR (Original)
- STUDENT SERVICES COORDINATOR
- STUDENT TRANSPORTATION SERVICES, IF APPLICABLE

RETAIN: 12 months from date of issue

RELEVANT FORMS ATTACHED:

- P662-01 Referral to the CCAC of York Region School Health Support Services
- P662-02 Staff Administration of Medication
- P662-03 Self-Administration and Storage of Medication
- P662-04 Student Medical Log
- P662-06 Anaphylactic Reactions Protocol
- DOCTOR'S ORDERS
- IEP

I/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The York Region District School Board and its employees will exercise reasonable care and diligence in the administration of the procedures identified for the student. Parent(s)/guardians and students acknowledge that the employees of the York Region District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parents to ensure that clear instructions and current doctors' orders are provided to the principal.

PARENT NAME (print)

PARENT SIGNATURE

DATE

PRINCIPAL'S SIGNATURE

Personal information is collected pursuant to the Education Act, as amended, and will be used to assist in the provision of health support services. Contact the school principal for more information.