



York Catholic District School Board

**PROCEDURE:
206A SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:
ANAPHYLAXIS**

**Addendum to:
Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: September 2025

The York Catholic District School Board recognizes that there are some students within the school system that are susceptible to severe anaphylactic reactions which could be life threatening. The York Catholic District School board also recognizes that anaphylaxis management is a shared responsibility that requires a team approach among allergic students, Parent(s)/Guardians, health care providers and the entire school community.

1. Roles & Responsibilities

1.1 Parents of Children with Prevalent Medical Conditions

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. Parents should:

- educate their child about their medical condition(s) with support from the child's health care professional, as needed
- guide and encourage their child to reach their full potential for self-management and self-advocacy
- inform the school immediately of their child's medical condition(s) and co-create the Plan of Care for their child with the principal or the principal's designate
- communicate changes to the Plan of Care, such as changes to the status of their child's medical condition(s), or changes to their child's ability to manage the medical condition(s), to the principal or the principal's designate
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged
- initiate and participate in meetings to review their child's Plan of Care
- supply their child and /or school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Plan of Care, and track the expiration dates if they are supplied
- seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate
- if the student has been prescribed an Epinephrine auto-injector, provide the school with two (2) * up-to-date single-dose applications, one to be stored in the school office, clearly marked with student's name and known allergen and the second to be carried on the student's person, clearly
- Or, if the student has been prescribed an Allerject application of the Epinephrine auto-injector, provide the school with one (1)* up-to-date dose, to be worn on the student's person, clearly marked with student's name and known allergen or to be kept with a person in a position of authority

*If the Parent(s)/Guardian(s) is not in agreement with providing the school with two up- to-date applications of the Epinephrine auto-injector or the possession and carrying of one application Epinephrine auto-injector or the ALLERJECT Epinephrine auto-injector on the student then the parent will be required to indicate this on the Plan of Care form upon submission to the Principal acknowledging that they take full responsibility for their decision.

1.2 Students with Prevalent Medical Conditions

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management students are expected to actively support the development and implementation of their Plan of Care. Students should:

- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management
- participate in the development of their Plan of Care
- participate in the meetings to review their Plan of Care

- carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g. carry their medication and medical supplies, follow school board policies on disposal of medication and medical supplies)
- set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parent(s) and health care professional(s) communicate with their parent(s) and school staff if they are facing challenges related to their medical conditions(s) at school
- wear medical alert identification that they and /or their parent(s) deem appropriate
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs

1.3 School Staff

School staff should follow their school board's policy and provisions in their collective agreements related to supporting students with prevalent medical conditions in schools. School staff should:

- review the contents of the Plan of Care for any student with whom they have direct and regular contact
- participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board
- share information about a student's signs and symptoms with other students, verbatim as outlined in the Plan of Care and authorized by the principal in writing
- reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Plan of Care
- support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures
- support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student
- enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care

1.4 Principal

In addition to the responsibilities outlined under "School Staff", the principal should:

- clearly communicate to parents and appropriate staff for the process for parents to notify the school of their child's medical condition(s), as well as the expectation for parents to co-create, review, and update a Plan of Care, with the principal or principal's designate. This process should be communicated to parents at a minimum at the time of registration, each year during the first week of school, and when a child is diagnosed and /or returns to school following a diagnosis
- co-create, review or update the Plan of Care for a student with a prevalent medical condition with parent(s), in consultation with school staff (as appropriate) and with the student (as appropriate)
- maintain a file with the Plan of Care and supporting documentation for each student with a prevalent medical condition
- provide relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g. food service providers, transportation providers, volunteers, occasional staff who will be in direct contact with the student), including any revisions that are made to the plan

- communicate with parents in medical emergencies, as outlines in the Plan of Care
- encourage the identification of staff who can support the daily or routine management needs of the students in the school with prevalent medical conditions, while honouring the provisions within their collective agreements

1.5 Student Transportation Services

- Ensure that the names of students with a prevalent medical condition (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) have been communicated to Transportation Service Providers.
- Ensure that Policy 206: Supporting Students with Prevalent Medical Conditions has been communicated with all Transportation Service Providers.
- Ensure that the current Plan of Care form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider's dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate training of all regular drivers and substitute drivers that transport a student with a prevalent medical condition
- Work with the school Principal and service provider to assign a specific seat to a student with a prevalent medical condition, if required

1.5 School Board

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff, and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers) At a minimum, making their policies and their Plan of Care templates available on their public website in the language of instruction. School boards are also expected to:

- provide training and resources on prevalent medical conditions on an annual basis
- develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas
- develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations
- communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, as outlined in their Plan of Care
- consider this policy and related policies when entering into contracts with transportation, food service and other providers

2. Anaphylaxis Plan of Care

The Anaphylaxis Plan of Care is a form that contains individualized information on the student's allergy, School Care Team of Staff, preventative strategies to reduce risk, symptoms of an anaphylactic reaction and emergency medical response.

The Anaphylaxis Plan of Care shall be co-created, reviewed or updated by the parent(s)/guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

Parent(s)/guardian(s) have the authority to designate who is provided access to the Anaphylaxis Plan of Care. With authorization from parent(s)/guardian(s), the Anaphylaxis Plan of Care will be:

- i) Shared with appropriate school staff and others who are in direct contact with students with anaphylaxis (e.g. food service providers, transportation providers, volunteers).
- ii) Posted in a key area of the school where staff have access on a regular basis.
- iii) Posted inside the food preparation area of the cafeteria.
- iv) Located in the educator's daybook and/or occasional educator plans.

3. Facilitating and Supporting Daily or Routine Management

Students are to have access to two (2) epinephrine auto-injectors at school:

- (i) Children who have demonstrated maturity (usually by the age 6 years) must carry their own epinephrine. Direct adult supervision should be available in the case of younger children, as very young children might require staff to carry or store the auto-injector to allow medication to be available in the classroom.
- (ii) A spare epinephrine auto-injector is to be kept in a location on school site that is easily accessible, usually in the office, and not in locked cupboards or drawers.

All employees, the student with anaphylaxis and others who come in regular contact with the student should know the location of the auto-injectors.

It is a shared responsibility between the school, students and parent(s)/guardian(s) to promote and maintain an allergen minimized environment.

In addition to being carried by the student, an auto-injector with the original pharmacist label and container may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. Emergency Response

"Emergency" is defined by the *Health Care Consent Act, 1996* to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an anaphylactic reaction. The individualized response to a student's anaphylactic emergency shall be detailed in their Plan of Care. Staff who are in direct contact with the student, shall review and be trained on the individual action plan.

Generally, in the event of an emergency, staff shall:

- (i) Give an epinephrine auto-injector (e.g., EpiPen, Allerject©) at the first sign of known or suspected anaphylactic reaction.
- (ii) Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
- (iii) Call, or direct another adult to call, the emergency contact person.
- (iv) Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
- (v) Provide the used auto-injector to the paramedics for safe disposal.
- (vi) Document the Medical incident in the Plan of Care.

5. Raising Awareness

Where possible, school staff should raise awareness of Anaphylaxis and other prevalent medical conditions that affect students. They can do so through curriculum content in classroom instruction, related learning experiences and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

6. Liability

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in action or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to, ... (b) and individual...who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides assistance at the immediate scene of the accident or emergency.

In addition, Sabrina's Law (2005) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of Sabrina's Law: No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

7. Definitions

Age and/or Developmentally Appropriate

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their life-threatening condition. Students with special education needs may require additional assistance and avocation by school or central staff and Parent(s)/Guardian(s).

Allergens

Allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction known as anaphylaxis.

Allergen Safe School Environment

Allergen safe school environment is one where every reasonable effort and precaution has been taken to minimize the risk of exposure to potentially life threatening allergens.

Anaphylactic Reaction

Anaphylactic reaction is a life-threatening reaction characterized by a range of symptoms including but not limited to:

Skin Reactions: hives, swelling, itching, body warmth, skin redness or rash,

Respiratory Reactions: coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, swelling of the tongue, tingling of the mouth, nasal congestion or hay fever-like symptoms or trouble swallowing,

Gastrointestinal Reactions: nausea, pain or cramps, vomiting or diarrhea,

Cardiovascular Reactions: pale/blue colour, weak pulse, unconsciousness, dizzy or lightheaded, shock.

Other symptoms may include, but are not limited to anxiety, headache or feeling of “impending doom” that can develop within seconds to minutes of exposure to an allergen. In rare cases, the timeframe can vary up to several hours after exposure.

Anaphylaxis

Anaphylaxis means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock.

Auto-Injector

An auto-injector is a medical device used to deliver a pre-measured dose (or doses) of Epinephrine auto-injector commonly trademarked as the Epinephrine auto-injector.

Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. CrossReferences

Legislation

[Sabrina's Law, 2005, Statutes of Ontario, Chapter 7](#)

[Ontario Ministry of Education Anaphylaxis Resource Kit](#)

YCDSB Policies

Policy 201A Healthy Schools - Eating and Nutrition

Policy 703 Community Use of Schools

YCDSB Purchasing Reference Guide

YCDSB Standard Child Care and Purchasing of Services Leases and/or Contracts

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol



YORK CATHOLIC DISTRICT SCHOOL BOARD

RIM	
Board Form	Board Form No.
Student Services	S.15-206
Classification	Retention
STU 45	C + 1
Approved Date	Revision Date
	June 2025

ANAPHYLAXIS PLAN OF CARE & CONSENT FORM

ANAPHYLAXIS Plan of Care

STUDENT INFORMATION

Date Created _____ Bus Route/# _____

Student Name _____ Date Of Birth _____

Age _____ School _____

Grade _____ Teacher(s) _____

Medical ID Jewellery ☐ Yes ☐ No

Insert Photo

Student Photo
(optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

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

KNOWN LIFE-THREATENING TRIGGERS

CHECK (✓) THE APPROPRIATE BOXES

☐ Food(s): _____ ☐ Insect Stings: _____

☐ Other: _____

Epinephrine auto-injector(s) expiry date(s): _____

Dosage: ☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.3 mg

☐ Previous anaphylactic reaction: **Student is at greater risk.**

☐ Has asthma. **Student is at greater risk.** If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Any other medical condition or allergy? _____

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT

SYMPTOMS

A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND 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 and watery eyes, sneezing), trouble swallowing.
- **Gastrointestinal system** (stomach): nausea, pain or cramps, vomiting, diarrhea.
- **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.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.

Avoidance of an allergen is the main way to prevent an allergic reaction.

Food Allergen(s): (The amount required to cause a reaction varies by person and in some people, it can be triggered by a small amount.)

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 trash cans, keep food indoors.)

Designated eating area inside school building _____

Safety measures: _____

Other Information: _____

MEDICATION (Epinephrine auto-injectors):

Access to epinephrine auto-injector:

Student requires assistance to **access** their auto-injector? ☐ Yes ☐ No

If yes, auto-injector is kept:

Location: _____ With: _____

Other: _____

If no, student will carry their auto-injector at all times: in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/ excursions).

Auto-injector in student's:

☐ Backpack/fanny pack

☐ Other (specify) _____

Additional auto-injector:

The student has an additional auto-injector at school? ☐ Yes ☐ No

If yes, the additional auto-injector is kept:

Location: _____ With: _____

Other: _____

EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)

ACT QUICKLY. THE FIRST SIGNS OF A REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1. 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 symptoms.
4. Follow direction of emergency personnel, including transport to hospital (ideally 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 - 6 hours).
5. Call emergency contact person, e.g. Parent(s)/Guardian(s).

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. _____

Other individuals to be contacted regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

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

Consent Form (Self-Administer and/or Employee Administer)

To Carry and Administer Medication for a Prevalent Medical Condition

CONSENT FORM

TO CARRY AND ADMINISTER MEDICATION/DISCLOSE PERSONAL INFORMATION

TO BE SIGNED BY PARENT/GUARDIAN UNLESS THE STUDENT IS 18 YEARS OF AGE OR OLDER

ADMINISTRATION OF MEDICATION

In the event of my child _____ experiencing a medical emergency, I consent to the administration of _____ (specify type of medication) by an employee of the _____ (school board) as prescribed by the physician and outlined in the Emergency Procedures of the Prevalent Medical Conditions Policy/Administrative Procedure.

PLEASE PRINT

Class/Teacher: _____

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____

Date: _____

(if 18 years of age or older)

MAINTENANCE OF MEDICATION

I understand that it is the responsibility of my child _____ to carry _____ (specify type of medication) on his/her person.

PLEASE PRINT

Student's Name: _____

Class/Teacher: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____

Date: _____

(if 18 years of age or older)

Name of Physician: _____

Physician Phone #: _____

COLLECTION, DISCLOSURE AND USE OF PERSONAL INFORMATION

Personal information on this form is collected under the authority of the *Education Act* and s. 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). It will be used to develop and administer the student's emergency Plan of Care and may be shared with authorized YCDSB staff and emergency responders as necessary. Questions about this collection should be directed to the Principal of the school.

OPTIONAL:

Additionally, I further consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the _____ (School Board) through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> staffroom | <input type="checkbox"/> lunchroom | <input type="checkbox"/> other |
| <input type="checkbox"/> office | <input type="checkbox"/> school bus | <input type="checkbox"/> gym | |

and through the provision of personal information contained herein to the following persons who are not employees of the Board: please check (☐) all applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> Food service providers | <input type="checkbox"/> Child care providers |
| <input type="checkbox"/> Board approved transportation carriers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School volunteers in regular direct contact with my child | |

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if 18 years of age or older)

Signature of Principal: _____ Date: _____

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

PLEASE NOTE THIS CONSENT EXPIRES AT THE END OF THE CURRENT SCHOOL YEAR.

RIM	
Board Form	Board Form No.
Student Services	S.45-206
Classification	Retention
STU 19	E + 6
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June 2025	



YORK CATHOLIC DISTRICT SCHOOL BOARD

RIM	
Board Form	Board Form No.
Student Services	S.17-206
Classification	Retention
STU 19	E + 6
Approved Date	Revision Date
	June 2025

STUDENT MEDICATION LOG

Student Name: _____

Name of Designated Administrator(s) of Prescription/Non-Prescription Medication: _____

Teacher: _____

Grade/Class: _____ Week/Month of: _____

DATE	TIME	NAME OF PRESCRIPTION/NON- PRESCRIPTION MEDICATION	DOSAGE	INITIAL OF ADMINISTRATOR OF MEDICATION **	COMMENTS

PLEASE RECORD WHEN MEDICATION HAS NOT BEEN ADMINISTERED BECAUSE OF ABSENCE OR OTHER REASON

c.c. Office Medical Log Binder for current and following school year

** If you are not a named Administrator, please print name in the Comments Section

YORK CATHOLIC DISTRICT SCHOOL BOARD



YORK CATHOLIC DISTRICT SCHOOL BOARD

School Communication Protocol

RIM	
Board Form	Board Form No.
Student Services	S.47-206
Classification	Retention
STU 19	E + 6
Approved Date	Revision Date
June 2025	

COMMUNICATION PROTOCOL (911) – PREVALENT MEDICAL CONDITION EMERGENCY

(TO BE READ ALOUD BY THE STAFF PERSON CALLING 911)

This is _____ School
[Insert School Name]

We are located at:

Address: _____
[Insert Full School Address]

Nearest Major Intersection/County Road: _____

School Telephone Number: _____

We are calling regarding a medical emergency involving a student with a known prevalent medical condition: ☐ Anaphylaxis ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Other: _____

[Specify]

The student is currently displaying the following symptoms: **[Brief description of symptoms]**

If the student has a life-threatening allergy, please note whether epinephrine (EpiPen®) has been administered.

We require an ambulance immediately. The best access point for emergency responders is:

[Specify school entrance/location]

A staff member will be stationed outside that entrance to guide the responders and provide further information.

Do you need any more information? _____

How long will it take you to get here? _____

NEXT STEP: IMMEDIATELY CONTACT THE PARENT(S)/GUARDIAN(S) using the emergency contact information on file.

Sample Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The (insert name of school board) supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

Principal

Please complete the bottom portion and return to the school

RE: Plan of Care Development Meeting for _____(insert student name)

_____I will be in attendance at the meeting on (insert date and time)

_____I am requesting a different time for the meeting and will be in contact with the principal

Parent/Guardian Signature_____



York Catholic District School Board
Administration of Medication to Students with Anaphylaxis
Parent/Guardian Annual Letter Template

School Letterhead

Dear Parent / Guardian;

As we update our school records regarding the administration of medication for students with anaphylaxis, we kindly ask that you carefully review, sign, and return the attached Plan of Care forms (S15) as soon as possible. This information is necessary for the safety and protection of your child.

In accordance with *Policy 206: Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy*, section 4.8.6, parents/guardians are required to confirm annually with the Principal or their designate that their child's medical status remains unchanged.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for anaphylaxis management in our school.

Sincerely,

Principal Name