



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206B SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: Asthma

**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 who have been diagnosed with asthma which could be life threatening. The York Catholic District School board also recognizes that asthma management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s)/Caregiver(s), 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 conditions(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 inhaler, provide the school with one (1)* up-to-date inhaler, to be carried on the student's person, clearly marked with student's name and diagnosis or to be kept with a person in a position of authority, depending on the age and/or developmentally appropriate readiness of the student.

*If the Parent(s)/Guardian(s)/Caregiver(s) is not in agreement with providing the school with one (1) up-to-date application of the inhaler, to be carried on the student's person or kept with a person in a position of authority, then the Parent(s)/Guardian(s)/Caregiver(s) will be required to indicate this on the Plan of Care forms upon submission to the Principal, thereby 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 in Schools* has been communicated with all Transportation Service Providers.
- Ensure that the current Plan of Care forms 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 asthma.
- Work with the school Principal and service provider to assign a specific seat to a student with a prevalent medical condition, if required.

1.6 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. Asthma Plan of Care

The Asthma Plan of Care contains individualized information on the student's asthma, School Care Team of staff, preventative strategies to reduce risk, symptoms of an asthma attack and emergency medical responses.

The Asthma 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.

A School Care Team will be identified on the Asthma Plan of Care. Specific responsibilities of the School Care Team in supporting, monitoring and responding to an asthmatic emergency will be delineated.

The School Care Team will receive student-specific training by the principal, healthcare practitioner and/or parent on the implementation of the Asthma Plan of Care.

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

- i. Shared with appropriate school staff and others who are in direct contact with students with asthma (e.g. transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.

3. Facilitating and Supporting Daily or Routine Management

In general, asthma medications work in one of two ways to relieve symptoms. They either work by controlling or preventing the inflammation and mucous production or by relieving the muscle tightness around the airways.

- i. Controller Medication (Flovent, Advair, Qvar, Pulmicort, etc.):
 - Used daily, before and after school at home, to prevent asthma attacks
 - Decreases and prevents swelling of the airways
 - Can take days to weeks of regular use to work effectively
- ii. Reliever Medication (Ventolin/Salbutamol, Bricanyl, etc.)
 - Used to relieve symptoms of asthma
 - Called the 'rescue' inhaler (usually blue in colour)
 - Needs to be readily accessible at all times
 - Provides relief quickly, within minutes
 - Relaxes the muscles of the airways
 - Taken only when needed or prior to exercise, if indicates Students shall carry or have accessible at all times their reliever medication and spacer, if required.

Students with asthma who are also diagnosed with anaphylaxis are more susceptible to severe breathing problems when experiencing an anaphylactic reaction. It is extremely important for asthmatic students to keep their asthma well controlled. Students with asthma who are at risk of anaphylaxis should carry their asthma medication with their epinephrine auto-injector.

In addition to being carried by the student, asthma medications, 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 asthma attack. The individualized response to a student's asthma emergency shall be detailed in their Plan of Care.

Staff who are in direct contact with the student, and those identified on the School Care Team, shall review and be trained on the Plan of Care.

- a. Generally, in the event of an asthmatic emergency, staff shall:
 - i. Remove the student from the trigger.
 - ii. Have the student use a reliever inhaler as directed in the Asthma Plan of Care.
 - iii. Have a student remain in an upright position.
 - iv. Have a student breathe slowly and deeply.
 - v. If a student totally recovers, participation in activities may resume.

If symptoms persist:

- i. Wait 5-10 minutes to see if breathing difficulty is relieved.
 - ii. If not, repeat the reliever inhaler as directed in the Asthma Plan of Care.
 - iii. If the student's breathing difficulty is relieved, they can resume school activities, but should be monitored closely. The student should avoid vigorous activity and may require additional reliever medication.
 - iv. Contact parent(s)/ guardian(s) to inform and track on the Medical Emergency Record.
- b. If symptoms persist or worsen (i.e., difficulty speaking or is struggling for breath, appears pale or grey, sweating, greyish/blue lips or nail beds), staff shall:
- i. Call 9-1-1. Tell them someone is having an asthmatic emergency.
 - ii. Continue to give the reliever inhaler every 5-15 minutes until paramedics arrive.
 - iii. Call, or direct another adult to call, the emergency contact person.

In cases where an anaphylactic reaction is suspected, but there is uncertainty whether or not the person is experiencing an asthma attack, epinephrine should be used first. Epinephrine can be used to treat life-threatening asthma attacks, as well as anaphylactic reactions.

5. Raising Awareness

Where possible, school staff should raise awareness of Asthma 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 the assistance at the immediate scene of the accident or emergency.

In addition, Ryan's Law (2015) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 4(4) of Ryan's Law: No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

7. Definitions

Age and/or Developmentally Appropriate Readiness

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)/Caregiver(s). The responsibilities that a student can assume will be assessed based on the student's age and capability to understand their condition. Students with special education needs may require additional assistance by school or central staff and Parent(s)/Guardian(s)/Caregiver(s).

Asthma

A chronic inflammatory disease of the airway that may cause one or more of the following symptoms:

- Shortness of breath;
- Tightness in the chest;
- Coughing; and/or,
- Wheezing.

Symptoms can:

- Range from mild to severe and sometimes can be life threatening;
- Vary from person to person;
- Flare up from time to time and then not appear for long periods; and/or,
- Vary from one episode to the next.

The cause of asthma is not known, and currently there is no cure. A high percentage of asthma patients also have seasonal allergies that are known to trigger an asthma episode.

Exercise-Induced Asthma

When students participate in physical activity, they commonly breathe through their mouths at a rapid rate, which causes cooling and drying of the sensitive airways. This cooling and drying effect causes the airways to narrow resulting in asthma symptoms. Exercise-induced asthma may present itself during or after physical activity. It is more common when activities are conducted in cold environments and during high pollen or pollution count days. However, students can experience exercise-induced asthma anywhere, including indoors.

Asthma Medication

Most people with asthma take two kinds of medication. Each asthma medication treats only one aspect of the condition and are defined as follows:

- **Controllers**, also called 'preventers', reduce inflammation in the airways. Controllers are taken every day.
- **Relievers**, generally known as 'inhalers', are very good at helping to alleviate symptoms immediately, such as coughing or wheezing. However, reliever medications do nothing for the underlying problem of inflammation. Relievers are only a short-term solution to breathing problems and indicate that there is underlying inflammation present that requires a controller medication.

Asthma Triggers

Things in your environment that cause worsening of asthma symptoms or asthma attacks. There are two types of asthma triggers:

1. **Inflammatory (allergic) triggers** can cause inflammation of the lungs' airways or tightening of the airways' muscles. Inflammatory triggers include:
 - Dust mites
 - Animals/Pet Allergens (i.e., dander)
 - Moulds

- Pollen
- Food Allergies/Additives (i.e., sulphites)
- Cockroaches
- Other Allergens

2. **Symptom (non-allergic) triggers** generally do not cause inflammation, but may for some students as identified by the parent/guardian/caregiver and confirmed by the physician and/or licensed health care provider. Symptom (non-allergic) triggers can provoke the feeling of “constricted” airways, especially if they are already inflamed. Symptom triggers include:

- Air Pollutants (i.e., Smoke/Smog)
- Exercise
- Cold air/weather changes
- Viral Infections
- Chemical fumes, scented products (perfumes, detergents, etc.)
- Intense emotions

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

Ryan’s Law, Ensuring Asthma Friendly Schools, 2015, Statutes of Ontario, Education Act
Ministry of Education OPHEA Resource Guide: Creating Asthma Friendly Schools

YCDSB Policies

Policy 206 Supporting Students with Prevalent Medical Conditions
Policy 207 Administration of Oral Medication to Elementary and Secondary Students
YCDSB Student Transportation Procedures Manual
YCDSB Third Party Protocol



YORK CATHOLIC DISTRICT SCHOOL BOARD

ASTHMA PLAN OF CARE & CONSENT FORM

RIM	
Board Form	Board Form No.
Student Services	S.40-206
Classification	Retention
STU 45	C + 1
Approved Date	Revision Date
	June 2025

ASTHMA Plan of Care		
STUDENT INFORMATION		
Date Created _____	Bus Route/# _____	<div>Insert Photo</div> <div>Student Photo (optional)</div>
Student Name _____	Date Of Birth _____	
Age _____	School _____	
Grade _____	Teacher(s) _____	
Any other medical condition or allergy? _____	MedicAlert® ID <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			
KNOWN ASTHMA TRIGGERS			
CHECK (✓) ALL THOSE THAT APPLY			
<input type="checkbox"/> Colds/Flu/Illness	<input type="checkbox"/> Weather (cold/hot/humid)	<input type="checkbox"/> Pets/Animals	<input type="checkbox"/> Strong Smells
<input type="checkbox"/> Vape/Smoke (e.g., tobacco, fire, cannabis, second-hand smoke)	<input type="checkbox"/> Mould	<input type="checkbox"/> Dust	<input type="checkbox"/> Pollution
<input type="checkbox"/> Physical Activity/Exercise	<input type="checkbox"/> Strong Emotions (e.g., anxiety, stress, laughing, crying, etc.)	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen)			
<input type="checkbox"/> Asthma Trigger Avoidance Instructions: _____			

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

☐ When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

☐ Other (explain): _____

Use of _____ in the dose of _____ as needed.

(Name of Medication)

(Number of Puffs)

Spacer (valved holding chamber) provided? ☐ Yes ☐ No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

☐ Airomir/Salbutamol ☐ Ventolin/Albuterol ☐ Bricanyl/Terbutaline ☐ Other (Specify) _____

☐ Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible** (in accordance to [Ryan's Law](#))

Reliever inhaler is kept:

☐ With _____ Location: _____ Other Location: _____

☐ In locker # _____ Locker Combination: _____

☐ Student **will carry** their reliever inhaler **at all times** including in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/excursions)

Reliever inhaler is kept in the student's:

☐ Pocket

☐ Backpack/fanny Pack

☐ Case/pouch

☐ Other (specify): _____

Does student require assistance to **administer** reliever inhaler? ☐ Yes ☐ No

☐ Student's **spare** reliever inhaler is kept:

☐ In main office (specify location): _____ Other Location: _____

☐ In locker #: _____ Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____
(Name of Medication)

Note: Ask parents/guardians for the child's **Asthma Action Plan** and go over it with them. Download the Action Plan here or visit <https://lunghealth.ca/resource-library/>

EMERGENCY PROCEDURES

FOR MANAGEMENT

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(* Student may also be restless, irritable and/or quiet.)

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!**

Follow steps below.

FOR AN EMERGENCY

IF ANY OF THE FOLLOWING OCCUR:

- Reliever puffer **lasts less** than 3 hours
- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin on neck or chest sucked in with each breath

(*Student may also be anxious, restless, and/or quiet.)

EMERGENCY ACTION:

**STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER).
USE A SPACER IF PROVIDED.**

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by their side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

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
Approved Date	Revision Date
June 2025	



YORK CATHOLIC DISTRICT SCHOOL BOARD

STUDENT MEDICATION LOG

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

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 Asthma
Parent/Guardian Annual Letter Template

School Letterhead

Dear Parent/Guardian;

As we update our school records related to the administration of medication for students with asthma, anaphylaxis, we kindly ask that you carefully review, sign, and return the attached Plan of Care forms (S40) 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 asthma management in our school.

Sincerely,

Principal Name