



## **YORK CATHOLIC DISTRICT SCHOOL BOARD**

**PROCEDURE:**  
**206C SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:**  
**DIABETES**

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

Effective: September 2025

The York Catholic District School Board recognizes that daily management of Diabetes is essential to prevent or postpone serious complications and that it is a shared responsibility with the student, Parent(s)/Guardian(s) and the school community. The ultimate goal is to enable children/youth to be as independent as possible in the management of their own care, recognizing that some students will require assistance and/or supervision with the daily management of their Diabetes. The York Catholic District School Board recognizes that there are some students within the school system who live with a diagnosis of Diabetes which could be life threatening if Parent(s)/Guardian(s), students and school personnel are not clear and confident in their roles and responsibilities.

## **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

### **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
- communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(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 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 to 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 Principal and service provider to assign a specific seat to a student diagnosed with a prevalent medical condition, if required
- Allow student with Diabetes to carry their Diabetes supplies and source of fast acting sugar (e.g., juice box) on the school bus, test blood sugar and/or treat low/high blood sugar as needed while on the bus

## 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. Diabetes Plan of Care

The Diabetes Plan of Care is a form that contains individualized information on the student's condition, and identifies the School Care Team of staff, strategies to monitor blood sugar levels, administer insulin, symptoms of low and elevated blood sugar levels, and emergency medical responses.

The Diabetes Plan of Care shall be co-created, reviewed or updated by the parents / guardians 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)/Guardians(s) have the authority to designate who is provided access to the Diabetes Plan of Care.

With authorization from parent(s)/guardian(s), the Diabetes Plan of Care will be:

- (i) Shared with appropriate school staff and others who are in direct contact with students with diabetes (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) Located in the educator's daybook and/or occasional staff plans.

### 3. **Facilitating and Supporting Daily or Routine Management**

In general, diabetes is managed through daily routines involving blood glucose monitoring, managing the intake of food, administration of insulin via injection or pump, and planning for activity. The student's capacity to independently monitor and carry out these routines depends on a number of factors including their cognitive, emotional, social and physical stage of development, all of which must be outlined in their Diabetes Plan of Care.

In developing the Diabetes Plan of Care, school staff must allow for flexibility and individualized discretion on where and when these daily routines occur, respecting both inclusion and preference for privacy.

Parent(s)/Guardian(s), in working with school staff, must ensure that a Diabetes Management Kit is provided, maintained and refreshed to support daily management at school. This kit may include: blood glucose monitoring items, insulin injections, oral glucose, juice. The Diabetes Management Kit, including 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. The individualized response to a student's diabetic emergency shall be detailed in the student's Diabetes Plan of Care. Staff who are in direct and regular contact with the student, shall review and be trained on the Diabetes Plan of Care.

For severe hypoglycemia where a student is unresponsive, staff shall:

1. Place student on their side.
2. Call 9-1-1. Do not give food or drink.
3. Contact parent(s)/guardian(s) or emergency contact.
4. Supervise student until EMS arrives. Follow the direction of medical staff.
5. Document medical incident in Diabetes Plan of Care.

### 5. **Raising Awareness**

Where possible, school staff should raise awareness of Diabetes 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.*

## 7. Definitions

### **Age and/or Developmentally Appropriate**

Developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Education: School Leadership 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 capacity to understand their life-threatening condition. Students with special education needs may require additional assistance by school or central staff and Parent(s)/Guardian(s).

### **Diabetes Plan of Care**

A plan of care that outlines the daily routine management tasks required to support the student's safety at school and an emergency plan of care that outlines the procedures to respond to hypoglycemia or hyperglycemia.

### **Diabetic Ketoacidosis**

A potentially life-threatening condition that occurs, when blood sugar levels are **too high** and the body breaks down fat for energy leading to a high level of ketones in the body. At high levels, ketones are poisonous and can lead to coma or death if not treated.

### **Hyperglycemia (High Blood Sugar)**

A condition occurring when the amount of blood glucose (sugar) is higher than a student's target range, the student may show signs of thirst, increased urinary frequency, and fatigue.

### **Hypoglycemia (Low Blood Sugar)**

A condition occurring when the amount of blood glucose (sugar) has dropped below a student's target range, ranging from mild, moderate to severe. Hypoglycemia requires treatment with a fast acting glucose and the rechecking of blood sugar until levels have stabilized within the target range.

### **Insulin**

A hormone required to convert glucose (sugar) to energy for the body to use. Without insulin sugar builds up in the blood instead of being used for energy. Students with Type 1 Diabetes must administer insulin by syringe, insulin pen or pump.

### **Ontario Health atHome**

A publicly funded service provided to schools for the support of school age children, which may include nursing to support diabetic management or teaching as determined by by Ontario Health atHome care coordinators.

### **Type 1 Diabetes**

An autoimmune disease in which the pancreas stops producing insulin, usually diagnosed in children and adolescents.

### **Type 2 Diabetes**

A disease in which the pancreas does not produce enough insulin or the body does not properly use the insulin it makes typically occurring in adults, but is now being diagnosed in teens and children.

### **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. CROSS REFERENCES

### **Legislation**

Canadian Diabetes Association Canadian Pediatric Society

Good Samaritan Act

Guidelines for the Care of Students Living with Diabetes at School

Program Policy Memorandum 161 Supporting Students with Prevalent Medical Conditions

### **YCDSB Policies**

Policy 203 *Student Transportation Services*

Policy 207 *Administration of Oral Medication to Elementary & Secondary Students*

Policy 208 *Student Disability Accommodation*

*YCDSB Student Transportation Procedures Manual*

*YCDSB Third Party Protocol*



# YORK CATHOLIC DISTRICT SCHOOL BOARD

## DIABETES PLAN OF CARE & CONSENT FORM

| RIM              |                |
|------------------|----------------|
| Board Form       | Board Form No. |
| Student Services | S.16B-206      |
| Classification   | Retention      |
| STU 45           | C + 1          |
| Approved Date    | Revision Date  |
|                  | June 2025      |

### TYPE 1 DIABETES Plan of Care

#### STUDENT INFORMATION

Date Created \_\_\_\_\_ Bus Route/# \_\_\_\_\_

Student Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Any other medical condition or allergy? \_\_\_\_\_ MedicAlert® ID ☐ Yes ☐ No

Emerg. Glucagon ☐ Yes ☐ No

Insert Photo

Student Photo  
(optional)

#### EMERGENCY CONTACTS (LIST IN PRIORITY)

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

#### TYPE 1 DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) \_\_\_\_\_

Method of home-school communication: \_\_\_\_\_

Does the student require use of a cellphone to monitor their blood glucose levels? ☐ Yes ☐ No

**Note:** Diabetes Canada recommends that "schools should permit a student living with diabetes to carry their **cell phone as a tool** to help manage their blood glucose levels and prevent emergency events. For many students with type 1 diabetes, a cell phone works with insulin pumps and continuous glucose monitoring systems to provide essential information to inform diabetes treatment decisions." This recommendation is in alignment with [Policy/Program Memorandum 128](#), The Provincial Code of Conduct and School Board Codes of Conduct which allows for the use of mobile devices for health and medical purposes.



## DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

☐ Yes

☐ No

☐ If Yes, go directly to Emergency Procedures section

| ROUTINE  | ACTION   |
|--|--|
| <p><b>BLOOD GLUCOSE (BG) MONITORING</b></p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM).*</p> <p><input type="checkbox"/> Student requires trained individual to check BG/read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/read meter.</p> <p><input type="checkbox"/> Student can independently check BG/read meter.**</p> <p>* If symptoms fail to match CGM reading, BG must be checked with meter/fingerstick</p> <p>** Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p> | <p>Target Blood Glucose (BG) Range _____</p> <p>Time(s) to check BG: _____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p> |
| <p><b>NUTRITION BREAKS</b></p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage their food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students should not trade or share food/snacks with other students.</p>   | <p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>                 |

| ROUTINE  | ACTION (CONTINUED)  |
|--|---|
| <p><b>INSULIN</b></p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p><input type="checkbox"/> Student takes insulin at school by:</p> <p>    <input type="checkbox"/> Injection</p> <p>    <input type="checkbox"/> Pump</p> <p>    <input type="checkbox"/> Insulin Pen</p> <p><input type="checkbox"/> Insulin is given by:</p> <p>    <input type="checkbox"/> Student independently</p> <p>    <input type="checkbox"/> Student with supervision</p> <p>    <input type="checkbox"/> Parent(s)/Guardian(s)</p> <p>    <input type="checkbox"/> Trained Individual (Nurse)</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p> | <p>Location of insulin (if not using an insulin pump): _____</p> <p>_____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school:                      <input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break:                      <input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p> |
| <p><b>PHYSICAL ACTIVITY PLAN</b></p> <p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.</p>   | <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)</p>  |



## EMERGENCY PROCEDURES

### HYPOGLYCEMIA – LOW BLOOD GLUCOSE ( 4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of Hypoglycemia for my child are:

- |   |  |                                      |                                       |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky          | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy       | <input type="checkbox"/> Trembling    |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache          | <input type="checkbox"/> Hungry      | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale           | <input type="checkbox"/> Confused          | <input type="checkbox"/> Other _____ |                                       |

Steps to take for Mild Hypoglycemia (student is responsive)

1. Check blood glucose, give \_\_\_\_\_grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles)
2. Re-check blood glucose in 15 minutes.
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L.
4. When blood glucose (BG) is above 4 mmol/L, give a starchy snack (e.g. bread, granola bar, cookies, crackers) if next meal/snack is more than one (1) hour away.

Steps for Severe Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
3. Contact parent(s)/guardian(s) or emergency contact

### HYPERGLYCEMIA — HIGH BLOOD GLOCOSE (14 MMOL/L OR ABOVE)

Usual symptoms of hyperglycemia for my child are:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst     | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache       |
| <input type="checkbox"/> Hungry             | <input type="checkbox"/> Abdominal Pain     | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability       | <input type="checkbox"/> Other: _____   |

Steps to take for Mild Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above \_\_\_\_\_

Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for Severe Hyperglycemia

1. If possible, confirm hyperglycemia by testing blood glucose
2. Call 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

Student's Name: \_\_\_\_\_

Class/Teacher: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_  
(if 18 years of age or older)

Date: \_\_\_\_\_

#### 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: \_\_\_\_\_  
(if 18 years of age or older)

Date: \_\_\_\_\_

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                   |                       |
|-----------------------|-----------------------|
| <b>Board Form</b>     | <b>Board Form No.</b> |
| Student Services      | S.45-206              |
| <b>Classification</b> | <b>Retention</b>      |
| STU 19                | E + 6                 |
| <b>Approved Date</b>  | <b>Revision Date</b>  |
| 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:** \_\_\_\_\_

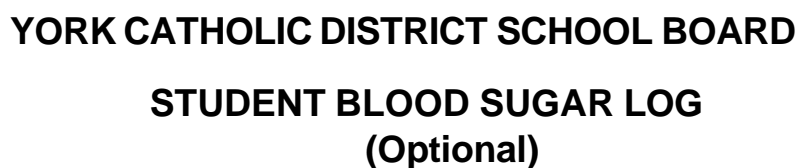
**Grade/Class:** \_\_\_\_\_ **Week/Month of:** \_\_\_\_\_

| DATE | TIME | NAME OF<br>PRESCRIPTION/NON-<br>PRESCRIPTION MEDICATION | DOSAGE | INITIAL OF<br>ADMINISTRATOR<br>OF<br>MEDICATION ** | COMMENTS |
|------|------|---|--------|--|----------|
|      |      |   |        |  |          |
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|      |      |   |        |  |          |
|      |      |   |        |  |          |

**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



**Student:** \_\_\_\_\_

**Teacher:**

**Grade/Class:**

**Week or Month of:**

c.c. Office Medical Log Binder for current and following school year with S16(b)

**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

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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 \_\_\_\_\_



**Policy 206**  
**Sent Annually with S.16(b)**  
**Revised June 2025**

## **York Catholic District School Board**

### **Diabetes Plan of Care Parent/Guardian Annual Letter**

#### **School Letterhead**

Dear Parent/Guardian;

As we update our school records related to your child's Diabetes Plan of Care, we kindly ask that you carefully review, update, complete, sign and return the attached Plan of Care forms (S16b) and the Consent for Consultation with Board Staff (SE3) to the school office. This information is necessary for the safety and protection of your child.

It is the responsibility of the Parent(s)/Guardian(s) to ensure that all medical information pertinent to your child's diabetes is always current.

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for management of your child's diabetes at school.

Please return all forms as soon as possible.

Sincerely,

Principal Name