



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE:

206D SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: EPILEPSY

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 there are some students within the school system who have been diagnosed with Epilepsy which could be life threatening. The York Catholic District School Board also recognizes that Epilepsy management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s), health care providers and the entire school community. The purpose of this policy is to provide administrators, school staff, volunteers and parent(s)/guardian(s) with information, strategies and requirements in managing students with Epilepsy and to minimize, where possible, the risks (triggers) in the school setting.

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

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 to 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 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. Epilepsy Plan of Care

The Epilepsy Plan of Care is a form that contains individualized information on the student's condition, strategies to avoid triggers, actions to take to maintain the student's safety during and after a seizure, and emergency medical response.

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

- i. Shared with appropriate school staff and others who are in direct contact with students with epilepsy/seizure disorder (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, students with seizures can progress through growth and developmental stages normally. An inclusive approach should be taken to all regular school activities, including sports, according to each student's individual Epilepsy Plan of Care.

Many students with seizures successfully control their condition with medication. Students with seizures may require routine medication for their condition during the day or as an emergency response during a seizure. Routine 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*. Parent(s)/guardian(s) must provide the school with all emergency medications.

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 to be trained annually in the emergency response to a seizure. The individualized response to an emergency shall be detailed in the student’s Epilepsy Plan of Care. Staff who are in direct and regular contact with the student shall review and be trained on the Epilepsy Plan of Care.

In addition to the specifics detailed in the Epilepsy Plan of Care, it is considered an emergency when:

- (i) A student is not diagnosed with epilepsy or other seizure disorder
- (ii) Student is injured or has diabetes
- (iii) Student has difficulty breathing
- (iv) Student has a seizure in water

Seizure emergency - basic first aid

- (i) Stay calm and remain with the student
- (ii) Track the time and duration of the seizure
- (iii) Keep the student safe. Protect the student’s head
- (iv) Do not restrain or interfere with the student’s movements. Roll the individual onto their side as soon as possible
- (v) Clear the area
- (vi) Administer emergency medication as outlined in the student’s Epilepsy Plan of Care
- (vii) Do not place anything in the student’s mouth. Monitor breathing.
- (viii) Stay with the student until fully conscious, talking with them calmly until re-oriented, allow them to rest before returning to regular activities.
- (ix) Document details in the Epilepsy Plan of Care

In the event of an seizure emergency requiring Emergency Medical Services, staff will:

- (i) Call 9-1-1. Tell them someone is having a seizure
- (ii) Call, or direct another adult to call, the emergency contact person
- (iii) Document medical incident in Epilepsy Plan of Care

5. Raising Awareness

Where possible, school staff should raise awareness of Epilepsy 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.

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). The responsibilities that a student can assume will be assessed based on the student's age and capacity to understand their condition.

Students with special education needs may require additional assistance by school or central staff and Parents/Guardians.

Epilepsy

A neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in the person's awareness or behaviour. Approximately one in ten Canadians will experience at least one seizure during a lifetime. A single seizure, however, is not Epilepsy. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy 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.

Seizure

A sudden excessive electrical discharge in the nerve cells of the brain, that results in a change in function or behaviour. The brain is made up of billions of cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells and results in a change in function or behaviour, this is a seizure.

Seizure Triggers

Circumstances or events that provoke seizures.

While some people are not able to identify specific events or circumstances that affect seizures, others are able to recognize definite seizure triggers. Some common seizure triggers include:

- Forgetting to take prescribed seizure medication;
- Lack of sleep;
- Missing meals;
- Stress, excitement, emotional upset;
- Menstrual cycle/hormonal changes;
- Illness or fever;
- Low seizure medication levels;
- Medications other than prescribed seizure medication;
- Flickering lights of computers, television, video, etc.;
- Excessive alcohol consumption and subsequent withdrawal; and,
- Street drugs (e.g., cocaine, amphetamines, withdrawal from marijuana).

Types of Seizures

There are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: partial seizures and generalized seizures.

A **partial seizure** occurs when the excessive electrical discharge is limited to one part of the brain. Some common partial seizures types are:

- Complex Partial Seizures – Symptoms depend on the part of the brain that is affected; involve some loss of consciousness and may include rhythmic jerking of the hand or arm, feelings of nausea or fear, drooling, vomiting and involuntary movements such as blinking or swallowing; loss of awareness.
- Simple Partial Seizures – Often referred to as a focal seizure; affects only one area of the brain; does not cause loss of consciousness or lack of awareness; causes muscle contractions, followed by relaxation; contractions on just one side of the body; unusual head or eye movements; numbness, tingling or a feeling that something is crawling on the person's skin; abdominal pain; rapid heart rate or pulse; most do not last more than 1-2 minutes; may feel confused or have difficulty thinking clearly after a seizure has occurred.

A **generalized seizure** is characterized by the involvement of the whole brain. The excessive electrical charge is widespread and involves both sides of the brain. The seizure may or may not be convulsive. Some common generalized seizure types are:

- Absence Seizures (formerly known as petit mal) – May cause the student to experience a “disconnected” feeling from their immediate surroundings; may stare blankly into space and eyes may roll back; brief loss of consciousness; usually last only a few seconds; student may not realize or remember experiencing the seizure. These are the most common type of seizure in children under 14 years of age.
- Atonic Seizures (commonly referred to as “drop attacks”) – Causes muscles to suddenly go limp; usually last less than 15 seconds; may experience several in succession.
- Clonic Seizures – Causes muscle spasms in the face, neck and arms triggering rhythmical jerking motions; may last for several minutes.
- Myoclonic Seizures – Causes muscles to suddenly jerk as if the student has received a shock.
- Tonic Seizures – Causes the tensing up of muscles in the student's arms, legs or trunk; usually last less than 20 seconds and often occur while sleeping. But, if experienced during waking periods may cause loss of balance.
- Tonic-Clonic Seizures (formerly known as grand mal) – These are the most noticeable type of seizure causing the body to stiffen, jerk and shake and loss of consciousness; may cause loss of control of bladder or bowels; usually last 1-3 minutes; could lead to breathing difficulties.

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

Epilepsy Canada

Good Samaritan Act

Policy/Program Memorandum 161 Supporting Students with Prevalent Medical Conditions



YCDSB Policies/Procedures

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

Policy 208 *Student Disability Accommodation*

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol

YCDSB Decision-Making Protocol for Entry of a Personal Service Dog



YORK CATHOLIC DISTRICT SCHOOL BOARD

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

EPILEPSY PLAN OF CARE & CONSENT FORM

EPILEPSY 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) _____		
Other medical condition/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.			

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No
 If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional or Epilepsy Educator (PPM 161).

KNOWN SEIZURE TRIGGERS	
CHECK (✓) ALL THOSE THAT APPLY	
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle
<input type="checkbox"/> Changes In Diet	<input type="checkbox"/> Lack Of Sleep
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance
<input type="checkbox"/> Change In Weather	<input type="checkbox"/> Other _____

DAILY/ROUTINE EPILEPSY/SEIZURE MANAGEMENT

DESCRIPTION OF SEIZURE

ACTION:

(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

SEIZURE MANAGEMENT

Note: It is possible for a student to have more than one seizure type.
Record information for each seizure type.

SEIZURE TYPE

ACTIONS TO TAKE DURING SEIZURE

(e.g. tonic-clonic, absence, focal aware seizure, focal impaired awareness seizure, atonic, myoclonic, infantile spasms)

Type: _____

Description: _____

Frequency of seizure activity: _____

Typical seizure duration: _____

Action Plan for supporting school access (e.g.: access on the stairs, transition between classes, toileting routines:

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

Does student need to leave classroom after a seizure? ☐ Yes ☐ No

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

Make necessary accommodations to seating arrangements, rest periods and testing for student safety and wellbeing.

EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water

* Notify parent(s)/guardian(s) or emergency contact.

* At the discretion of the school 911 may be called.

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 AND 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	
Board Form	Board Form No.
Student Services	S.45-206
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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

Epilepsy Plan of Care Parent/Guardian Annual Letter

School Letterhead

Dear Parent/Guardian;

As we update our school records related to your child's Epilepsy Plan of Care, we kindly ask that you carefully review, update, complete, sign and return the attached Plan of Care forms (S16c) 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 epilepsy 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 epilepsy at school.

Please return all forms as soon as possible.

Sincerely,

Principal Name