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Subject **ADMINISTRATION OF MEDICATION AND MEDICAL EMERGENCY RESPONSE IN SCHOOL SETTINGS**
Administration of Medication
Medical Emergency Plan
Anaphylaxis

References Ministry of Education Policy/Program Memorandum No. 81,
MOE Model for the Provision of Health Support Services
Standard 7: Specialized Health Support Services, Special Education Plan
Health and Safety Manual
SCDSB Public Health Nurse Liaison

Links Anaphylaxis Canada <http://www.anaphylaxis.ca>
Health Canada
http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/anaphylaxis-anaphylaxie_e.html
Canadian School Boards Association
<http://www.cdnsba.org/publications/anaphylaxis.php>

Contact Superintendents of Education; Superintendent of Instructional Services and Leadership

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1. Purpose

- 1.1 The primary purpose of this memorandum is to establish guidelines for responding to medical emergencies for students with life-threatening medical conditions and for the administration of medication in the school setting.
- 1.2 Sabrina's Law, which came into effect on January 1, 2006, requires every school board to establish and maintain an anaphylaxis policy and procedures.

2. Definitions

- 2.1 Anaphylaxis is a severe allergic reaction that can lead to rapid death, if untreated. Like less severe allergic reactions, anaphylaxis occurs when the body's immune system reacts to harmless substances as though they were harmful invaders. The reaction may begin with itching, hives, vomiting, diarrhea, or swelling of the lips or face; within moments, the throat may begin to close, choking off breathing and leading to unconsciousness and death (APPENDIX A).
- 2.2 Life Threatening Conditions: Students may require emergency treatment for other life-threatening medical conditions which may include: asthma, diabetes and other medical conditions as identified by a doctor.

3. Anaphylaxis/Sabrina's Law

- 3.1 For strategies to address situations arising from anaphylactic reactions, principals should refer to the anaphylaxis kit prepared by [Anaphylaxis Canada](#) which was provided to each school in 2006. Additional copies and resources can be purchased online from Anaphylaxis Canada at <http://www.anaphylaxis.ca>.
- 3.2 Additional resources are available on the Ministry of Education website at <http://www.eworkshop.on.ca/cfmx/edu/anaphylaxis/>.
- 3.3 Additional Resource: Anaphylaxis: A Handbook for School Boards developed by Canadian School Boards Association.
- 3.4 A few students experience severe allergic reactions to bee, hornet, wasp or other flying insect stings, or to certain foods (e.g., peanuts). In such situations emergency medication shall only be administered by school personnel at the school and during school-sponsored events in accordance with this administrative procedures memorandum.
- 3.5 Under *Sabrina's Law*, school boards and principals are responsible for:

- 3.5.1 developing strategies that reduce the risk of exposure to anaphylactic agents in schools and common school areas;
- 3.5.2 developing a communication plan for the dissemination of information on life-threatening allergies;
- 3.5.3 providing regular training on dealing with life-threatening allergies for all employees and others who are in direct contact with pupils on a regular basis;
- 3.5.4 developing an individual plan for each pupil who has an anaphylactic allergy;
- 3.5.5 collecting of information on life-threatening allergies at time of registration;
- 3.5.6 maintaining accurate documentation by the school principal for each anaphylactic pupil.

4. Medical Emergency Response

To ensure student safety the school shall develop a medical emergency plan (APPENDIX B) based on the student's medical needs. The principal may require additional information from the parent/legal guardian and/or health unit to ensure that the school can appropriately meet the student's medical needs.

5. Responsibilities for Medical Emergencies for Students with Anaphylaxis and/or Life Threatening Conditions

5.1 Principal Responsibilities

The Principal shall:

- 5.1.1 notify the school community, **annually**, through a notice included in the first school newsletter of the year, of their responsibility to contact the principal if the need for an emergency plan exists (Appendix C);
 - 5.1.1.1 Other information resources principals may wish to use include: Information about Anaphylaxis, Form A1420-8; Anaphylactic Student in Class Urgent Notice, Form A1420 – 9; Anaphylactic Students in School – Reminder Letter, Form A1420 – 10; Please Be Aware Poster, Form A1420 – 11.
- 5.1.2 upon receipt of a duly completed Student Medical/Health Form (FORM A1420 – 1) which identifies the need for emergency response to a life-threatening condition, the principal in consultation with parent/legal guardian and the student, shall prepare an annual school-based **Medical Emergency Plan** for the student (**FORM A1420 - 2**). The plan shall be signed by parents/legal guardians/adult student. Parents/legal guardians/adult student will receive a copy of the plan and a fact sheet of the parent/guardian responsibilities (FORM A1420 – 7);

- 5.1.3 use the information provided on the Student Medical Health Form to work with parents/legal guardians/adult students, to develop a medical emergency response plan based on physician's instructions (developed and reviewed annually) for each student with anaphylaxis and/or a life-threatening condition ('medically at risk');
- 5.1.4 communicate the medical emergency plan to the appropriate staff, and post it in a designated location(s);
- 5.1.5 ensure that the required training takes place with all staff who come into direct contact on a regular basis with a student with anaphylaxis, and/or a life-threatening condition. Medical treatment will be administered in accordance with each student's medical emergency plan;
- 5.1.6 where each 'medically at risk' student is transported to and from school, the principal or designate, send a copy of the Medical Alert Card to the Transportation Consortium, and shall meet with the transportation company and vehicle operator and share the appropriate Medical Emergency Plan with the transportation company and the vehicle operator (FORM A1420-3 and A1420-4). The principal shall ensure the medical emergency plan follows the student in the event of a bus route change;
- 5.1.7 ensure procedures are in place to inform occasional teachers of any students in their care who may require emergency response;
- 5.1.8 develop school procedures for reducing the risk of exposure to life-threatening allergens or situations in classrooms and common areas, and, communicate these procedures to the staff and the school community;
- 5.1.9 in conjunction with staff, establish safe procedures for field trips and extra-curricular activities;
- 5.1.10 ensure that epi-pens are stored in an easily accessible location. All staff should be made aware of epi-pen location(s);
- 5.1.11 ensure the administration of oral medication where such medication has been prescribed for use during school hours, and, where the parent/ legal guardian has provided a completed request for Student Medical Health Data form signed by a qualified medical practitioner;
- 5.1.12 ensure that a student's medical emergency information is entered into the student information system (ESIS) in the required fields to allow the proper reports to be generated (FORM A1420 – 6). The completed medical forms shall be placed in the Ontario Student Record Documentation File and forwarded when the student transfers to another school. It is the responsibility of the parent/ legal guardian (as outlined in section 5.5) to advise the principal and complete forms at the new school to ensure that an appropriate plan is developed.

5.2 Teachers

Teachers shall:

- 5.2.1 participate in the review of the medical emergency plan (FORM A1420-2) for their students with anaphylaxis and/or life-threatening conditions;
- 5.2.2 with the consent of the parent/ legal guardian, display a photo/poster of student with anaphylaxis and/or life-threatening condition in the classroom;
- 5.2.3 include student photo/poster or medical emergency information at the front of the teacher's day plan, occasional teacher handbook or day plan folder;
- 5.2.4 discuss with the class, in age-appropriate terms, the needs of the student with anaphylaxis and/or life-threatening condition, and how they can support the student;
- 5.2.5 follow the school policies for reducing risk in classroom and in common areas;
- 5.2.6 plan to ensure that any student's specific medical needs are managed throughout the day and on school sponsored activities (e.g., field trips, sporting events).

5.3 Transportation Consortium/ Transportation Companies/ Vehicle Operators

The Transportation Consortium shall:

- 5.3.1 receive and file a copy of the Medical Emergency Plan received from the school (FORM A1420-3 AND FORM A1420-4) and shall support the school, the transportation company, and the vehicle operator in responding to any medical emergency as required.
- 5.3.2 ensure that school vehicle operators are trained including recognition of signs and symptoms of anaphylaxis and appropriate administration of the epinephrine auto injector;
- 5.3.3 ensure that school vehicle operators have the Medical Emergency Plan form for transported students (FORM A1420-3 AND FORM A1420-4);

The Transportation Company and Vehicle Operators' shall :

- 5.3.4 meet with the principal to review and receive the Student's Medical Emergency Plan Form for both the Transportation Company and the Vehicle Operator;
- 5.3.5 ensure that they retain a copy at their office and develop a process to communicate students medical health needs to substitute personnel;

5.4 Responsibilities of the School Community

- 5.4.1 to respond cooperatively to requests from the school to eliminate allergens from packed lunches and snacks;

- 5.4.2 to follow school rules about keeping allergens out of the classroom and washing hands.

5.5 Responsibilities of Parents/Legal Guardians/Adult Students

- 5.5.1 to notify the principal, in writing, of the student's condition at the beginning of each school year, or, whenever a student's need is identified, by completing the Student Medical Health Data Form (FORM A1420-1). Where medication is required, such administration of medication is at no cost to the Simcoe County District School Board;
- 5.5.2 to work with the principal to ensure that a signed medical emergency plan based on physician's instructions is developed for the student;
- 5.5.3 to consult with their family physician where medication is required:
 - 5.5.3.1 to determine if medication could be administered at a time other than during the school day;
 - 5.5.3.2 to consider the need for a "medic-alert" symbol when it is necessary to identify that the student requires emergency treatment;
 - 5.5.3.3 provide the school with details regarding the recognition of symptoms and actions to be taken if/when side effects occur;
 - 5.5.3.4 provide information for personnel administering medication as required by the condition in consultation with the school principal;
 - 5.5.3.5 supply the medication/epi-pen, rendered child-proof where feasible, in a clearly labeled original container bearing:
 - 5.5.3.5.1 the student's name;
 - 5.5.3.5.2 the type/name of the medication, dosage and instructions for use;
 - 5.5.3.5.3 the name of the prescribing physician;
 - 5.5.3.5.4 the stale date or shelf life for the prescribed medication.
- 5.5.4 follow the principal's direction with regard to the quantity of medication which is deemed appropriate and reasonable to be stored at school for each 'medically at risk' student;
- 5.5.5 to notify the principal of situations when medication should not be given;
- 5.5.6 replace the medication upon expiry of the shelf life date and take back any unused medication at the end of the school year or according to instructions;
- 5.5.7 make arrangements for safely transporting the medication to and from the school;
- 5.5.8 make a new request when a student transfers to another school in order to provide notice of his/her special needs at the time of registration;
- 5.5.9 to teach the student:

- 5.5.9.1 to recognize the first symptoms of the condition;
- 5.5.9.2 to know where the medication is kept;
- 5.5.9.3 to communicate clearly when they feel a reaction starting;
- 5.5.9.4 to not share snacks lunches or drinks of other students;
- 5.5.9.5 the importance of hand washing;
- 5.5.9.6 to take as much responsibility as possible for their own safety.

6. Authorization (Student Medical/Health Data Form)

- 6.1 The Student/Medical Health Data form (FORM A1420-1) provides the school with the information necessary to develop a medical emergency plan for the student, and, for the administration of medication. This form must be signed by both the parent/legal guardian/adult student, and a doctor. It is valid only for **the school where the student is registered and only for the school year for which the request is made.**
- 6.2 The school shall use the information, entered into ESIS from the Medical Health Data form, to develop a school-based Medical Emergency Plan, a Transportation Company Information form and a Vehicle Operator Information Form.
- 6.3 A parent/legal guardian/adult student may cancel the authorization only by notifying the principal in writing.

7. Administration of Medication in Schools

- 7.1 Principals are required to prepare, and share with appropriate staff, a written School Plan for Administration of Medication (FORM A1420 - 5) when:
 - 7.1.1 the medication is necessary to enable a student's education to continue at school **AND**
 - 7.1.2 a parent/legal guardian/adult student makes a request by completing the form Request for Administration of Medication by School Personnel (FORM A1420 - 1) **AND**
 - 7.1.3 a legally qualified medical practitioner supports the request, prescribes the medication, and signs the Request for Administration of Medication by School Personnel (FORM A1420 – 1).
- 7.2 The principal in consultation with the parent/ legal guardian will develop a school plan for the administration of medication. The plan will include:
 - 7.2.1 the name(s) of trained staff who will administer the medication;
 - 7.2.2 the name(s) of those persons who need to know that the student requires and/or is receiving medication, and, the action to be taken;

- 7.2.3 information such as transportation to a hospital or physician, notification of the legal custodian, a second set of keys to the medication storage, etc.;
- 7.2.4 special arrangements when the student is away on a school-sponsored activity, e.g., a person responsible for the administration of the medication, its transportation and its storage.
- 7.3 Medication shall only be administered by school personnel at the school, or on school-sponsored events, in accordance with this administrative procedures memorandum.
- 7.4 Students will self-administer inhaled medication unless assistance is required in accordance with the School Plan for the Administration of Medication.
- 7.5 The principal may, upon written parents/legal guardians request, and, without the authorization of a physician, administer non-prescription medication to a student according to the procedures for prescription medication.

8. Guidelines for the Development of the Administration of Medication Plan

- 8.1 Unless otherwise arranged with the students or legal custodians of students under the age of 16, all medication (excluding epi-pens) shall be in clearly labeled original containers and kept in a lockable, secured storage area with 1) the list of students who are to receive it and 2) the list of the person(s) trained to administer it. Custody of the key and backup key(s) shall be determined by the principal bearing in mind the need to plan for staff absences and emergencies. These details shall be included in the plan;
 - 8.1.1 unless otherwise arranged with the student or legal guardian of a student under the age of 16, students shall report to one location within the school to receive the medication;
 - 8.1.2 unit dose dispensing shall be used whenever feasible;
 - 8.1.3 the form Record of Administration of Medication (FORM A1420-5) shall be used by the staff administering the medication;
 - 8.1.4 the principal shall disclose the list of students requiring medication and the person(s) trained to administer it to the vice-principal(s), those involved in administering it, and any other personnel identified in the plan who need this information to carry out their duties;
 - 8.1.5 safely secure all medication to be retained in the possession of the student so that it is not accessible to other students, or secure the medication through the principal in a lockable storage area keeping in mind supervision, temperature and exposure to light requirements;
 - 8.1.6 epi-pens are to be accessible at all times to ensure the ability to respond to an emergency.



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- 8.2 The principal shall assign appropriate staff to administer medication unless it has been otherwise arranged with the student or legal custodian of a student under the age of 16. The training is to be provided by a health care professional as approved by the Principal and may include:
- 8.1.1 members of the administrative and teaching staff
 - 8.1.2 educational assistants and school secretaries
 - 8.1.3 other adults having direct contact with the student on a regular basis, e.g., vehicle operators;
 - 8.1.4 If a trained person is unavailable at the time of an emergency, under Ontario law anyone who stops to help another in an emergency has the law on their side. What the law looks for is a common sense, cautious approach. Once a person has accepted responsibility for giving emergency assistance to a victim of an accident or illness, he/she must continue to give help until another person (preferably one with medical training) is able to take over.
- 8.3 The principal shall disclose the medical emergency plan to school staff, vehicle operators and any other school personnel identified in the plan who need this information to carry out their duties.
- 8.4 Epi-pens (**the only emergency injection method approved for administration in schools**) may need to be kept in the classroom or carried by the student. This is a decision for the student or legal custodian of a student under the age of 16, and the details shall be included in the plan. Ontario Ministry of Education and Training Policy/Program Memorandum 81 states that the injection of medication will be administered by the “pupil as authorized”, the “parent/legal guardian as authorized”, or “health professional”. Eligible school staff members are not expected to administer injections other than Epi-pens.
- 8.5 Syringes, including those which are self-administered by the student, shall be disposed of in a sharps container (APPENDIX D).
- 8.6 The principal shall ensure that a record of the medication administered in an emergency situation shall be recorded on the Record of Administration of Medication Form (FORM A1420 - 5).
- 8.7 The principal shall discuss with the student or legal custodian of a student under the age of 16, the need for a medic-alert symbol to identify that he/she requires emergency treatment (e.g., medic-alert bracelet or necklace). While the principal may strongly encourage the use of the medic-alert symbol, its use is not mandatory. Students wearing medic-alert symbols are expected to tape or secure them on their person when required for the safety of others (e.g., during athletic activities).

9. Planning for School Sponsored Activities/Field Trips



The Principal, in consultation with the student/legal guardian, is responsible to make additional arrangements for both administration of medication and dealing with a medical emergency when the student is participating in a school-sponsored activity away from school.

Consideration should be given to:

- 9.1 contacting the host establishment to see if they can accommodate the dietary needs of an anaphylactic student;
- 9.2 all supervisors including staff and volunteers are to be made aware of the student's medical health needs including symptoms and treatment;
- 9.3 a supervising staff member shall ensure that a copy of the medical emergency plan is available at all times;
- 9.4 the parent/legal guardian needs to supply two epi-pens for the field trip. One will be carried by the student and the other will be carried by the staff;
- 9.5 Parents/legal guardians of all students should be advised that a student with life-threatening allergies is participating on the field trip to ensure the student is not exposed to the allergen.

10. Planning for Co-op Placements

- 10.1 The principal, in consultation with the student/legal guardian, is responsible to make additional arrangements for both administration of medication and dealing with a medical emergency when the student is participating in a co-op placement away from school.
- 10.2 The principal shall ensure that the student/legal guardian completes the Student Medical Health Data Form (FORM A1420 – 1) and the Co-op Placement Medical Emergency Plan (FORM A1420 – 12).

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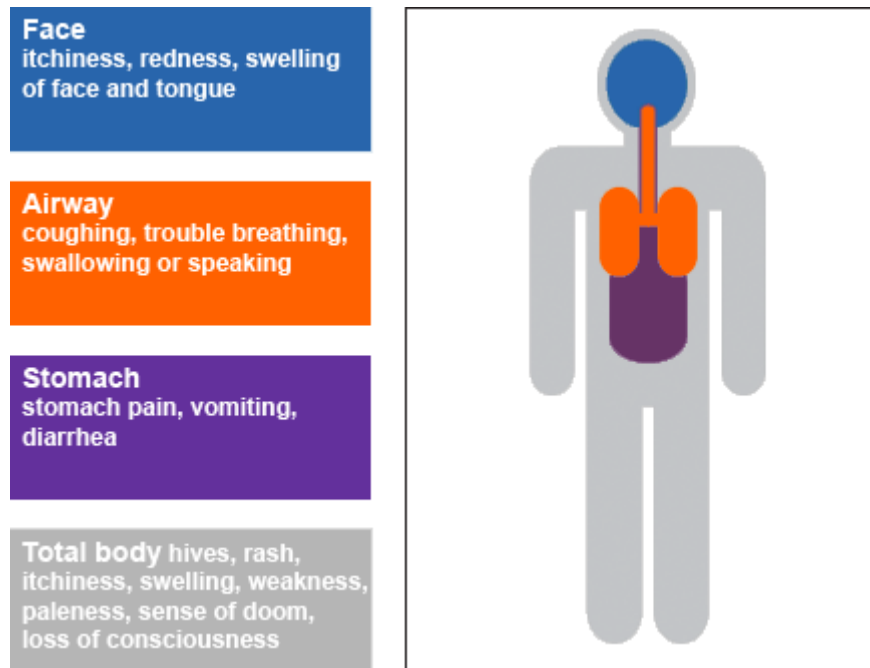
Issued under the authority of the Director of Education



Anaphylaxis

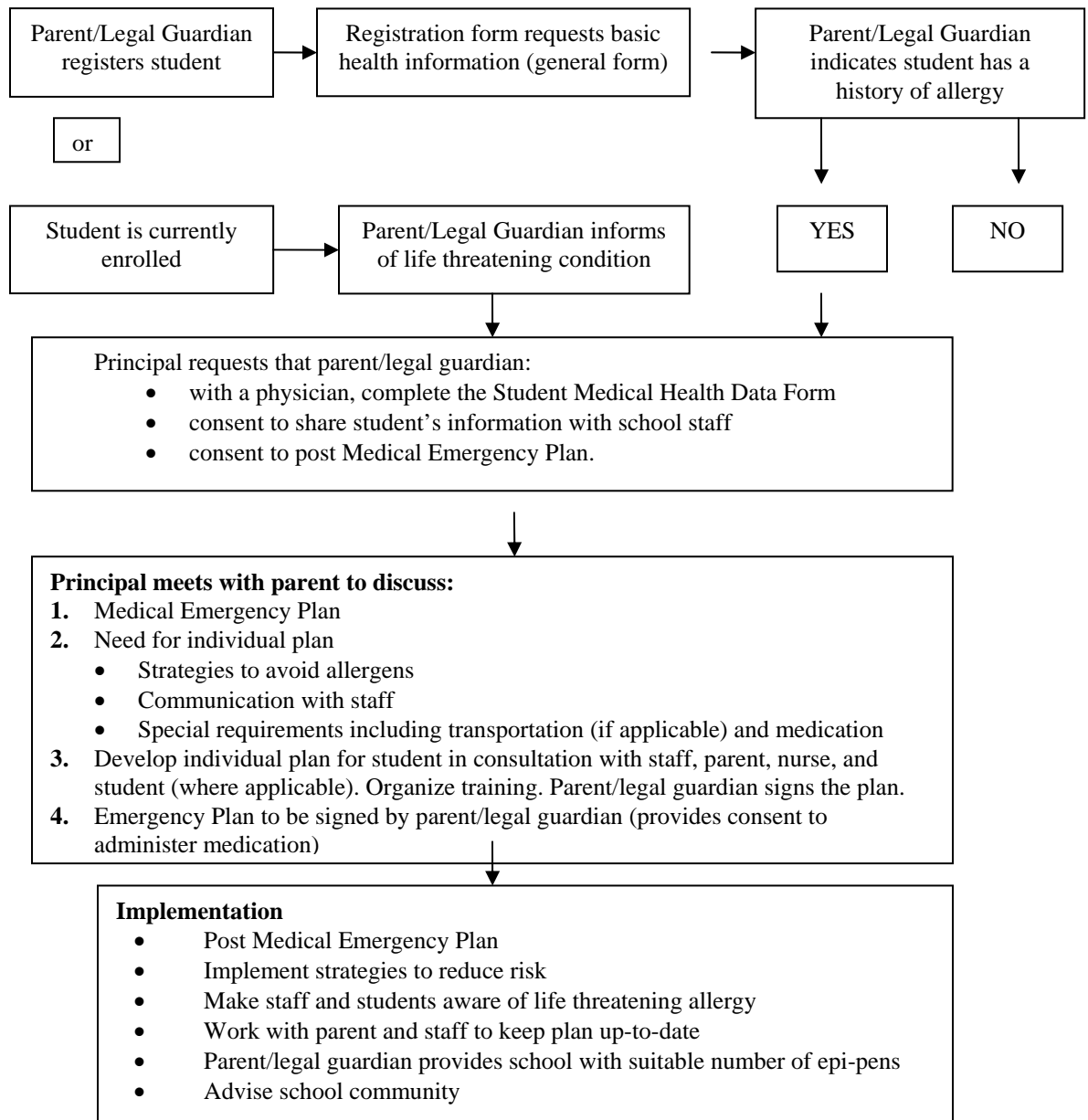
Anaphylaxis is defined as “a severe allergic reaction to any stimulus, having sudden onset, involving one or more body systems with multiple symptoms.”

An anaphylactic reaction may not be immediately visible. During an anaphylactic reaction, **any** of these symptoms may appear. A good way to remember the symptoms is to think **F.A.S.T.**



Medication should be administered immediately, as soon as you see signs of a reaction after contact with a known or suspected allergen. The medication, epinephrine, will usually not cause harm if given unnecessarily to a healthy person. Possible side effects subside within a few minutes. Epinephrine (usually carried in the auto-injector Epi-pen) is the treatment of choice and all efforts should be directed towards its immediate use. If epinephrine is not administered within the FIRST signs of symptoms, there is a chance the reaction may not be halted.

Development of Medical Emergency Plans





**ANNUAL NOTICE TO STUDENTS OR LEGAL GUARDIANS OF STUDENTS UNDER THE
AGE OF 16**

The following statement should be included in your September newsletters, in your school handbook and posted on your school website.

A completed **Request for Administration of Medication by School Personnel** form is required each school year or when the need is identified or when the student transfers to another school, to authorize the administration of prescribed medication to students who require it during school hours, or when the medication and/or dosage requirements change.

A few students may experience severe allergic reactions to bee, hornet, wasp or other flying insect stings or to certain foods (e.g., peanuts). Epi-pen is the only emergency injection method approved for administration in school by school personnel. Two doses on site at school are recommended.

Reference: 5.5.

Date printed:

SHARPS DISPOSAL (e.g., Needles, Syringes)

A lockable cabinet for disposing of sharps is located in each school in a place determined by the principal. The unit carries appropriate content warning labels and provides for the safe disposition and interim storage of sharps.

1. Do not recap the needle.
2. Pick up the needle carefully wearing gloves, and hold away from body.
3. Pick up needles by the syringe end.
4. Place needle and syringe in the receiving slot of the rigid plastic container.
5. Ensure the container is labelled as to contents.
6. Do not add bleach or disinfectant.
7. Store the closed container in the lockable storage cabinet.
8. When the container is full, seal the receiving slot with tape.
9. Call or bring the container to the health unit. You may also take the needle to the police, hospital emergency department, or a hazardous waste disposal site near you.
10. Replacement containers are available through the Health and Safety Department of the Simcoe County District School Board.

Reference: Health and Safety Procedures Manual – HS-05-18

Contact: Health and Safety Department



STUDENT MEDICAL HEALTH DATA FORM – EFFECTIVE FROM _____ TO _____

School _____ Student Name _____ Date of Birth _____

Legal Guardian (1) _____ Relationship to Student _____

Phone: Home _____ Bus: _____ Cell _____

Legal Guardian (2) _____ Relationship to Student _____

Phone: Home _____ Bus: _____ Cell _____

Name of Emergency Contact _____ Relationship to Student _____

Phone: Home _____ Bus: _____ Cell: _____

Is the emergency contact authorized to collect the student from school? Yes No

Medical/Health Data

Student has **NO** medical or physical condition, which may impede full and safe participation in school programs or extra-curricular activities.

Form completed by: _____

Legal Guardian (please print)

Signature

Student Name (please print)

Signature

Date

The Student has medical or physical condition(s) which may require attention during school programs or extra-curricular activities, **The school/legal guardian will prepare a medical emergency plan.**

Is the condition life-threatening? Yes No

Medical/Physical Condition and Health Factors: (please identify symptoms, conditions or warning signs that indicate that treatment or assistance is required)

Allergies/anaphylaxis: List any life threatening allergic reactions. (e.g., peanuts, bee stings, etc.)

Medications/procedures to follow.

Frequency: Treatment/Assistance is usually required: regular/daily occasionally, "as need arises"

Does student reliably: request treatment / assistance when needed? take own medication when needed?

Or is **close supervision** required to ensure:

need for treatment / assistance? student is taking medication properly (e.g., manner and amount prescribed?)

List any additional emergency procedures this condition may require.



ADMINISTRATION OF MEDICATION

Identify any school or extra-curricular activities that the condition makes inappropriate for the student.

Does the student require regular medication for this condition? yes no

If yes, please complete the request for the administration of medication by school personnel section below.

Name/Type of Medication _____

Directions for Storage/Safe Keeping _____

Dosage/Amount to be Given _____

Method of Administration _____

Duration of Administration _____

From _____ To _____ Frequency/Times to be administered _____

Anticipated Reaction to Medication (e.g., symptoms, side effect) _____

Reaction to Missed Medication _____

Will student reliably ask for medication if required? _____

Approvals

Physician's Name (please print) Physician's Signature Date

Physician's Address (please print) Physician's Telephone Number

Student and/or Legal Guardian Authorization

I hereby request and give permission for medication to be administered as specified above. This medication, if administered, is administered on a voluntary basis. **This request shall expire at the time specified above or at the end of the school year or when the person transfers to another school.** This request may be cancelled upon receipt of written notification by the principal of the school in which the student is enrolled.

I give consent for school staff to use the information provided in this form to be used to attend to the health and safety of myself/my child.

I understand it is my responsibility to make a new request of the receiving principal if my child transfers to another school.

Form completed by:

Parent/Legal Guardian (please print) Signature

Student Name (please print) Signature



Insert School
Logo

MEDICAL EMERGENCY PLAN

Place Photo
Here

NAME _____

SCHOOL _____

D.O.B. _____ Bus Route Number(s) _____
(for transported students)

A. MEDICAL CONDITION

1. What is the medical condition? _____

2. Describe symptoms or warning signs? _____

3. Emergency steps? _____

4. Current Medication (please advise the school of any changes) _____

B. EMERGENCY CONTACT INFORMATION

Parent/Guardian/Legal Custodian Relationship Home Phone Work phone

Other Emergency Contact Relationship Home Phone Work phone

PHYSICIAN(S)

Name (please print) Phone

Name (please print) Phone



C. CONSENT TO RELEASE TO STAFF

I give permission for my child's photograph and a copy of this form to be given to the classroom teacher and to be posted in the school so that all staff and visitors are alerted to this situation; and for my child to be transported to a hospital if deemed necessary by school staff.

Signature of Parent/Guardian/Legal Custodian Date

Signature of Student Date

D. CONSENT TO RELEASE TO TRANSPORTATION CONSORTIUM

AND BUS OPERATORS/DRIVERS FOR TRANSPORTED STUDENTS

To help ensure your child's safety during transportation to and from school, a copy of this form and your child's photograph will be shared with the Simcoe County Student Transportation Consortium and contracted bus operators. Information contained on this form will be shared with your child's bus driver where appropriate.

I consent to the release of a copy of this form and my child's photograph to the Simcoe County Student Transportation Consortium and to contracted bus operators/bus drivers.

Signature of Parent/Guardian/Legal Custodian Date

Signature of Student Date

The information requested on this form is collected under the authority of the Education Act, s 171 and will be used for the purpose of planning and delivering educational programs and services which best meet student needs. The contact person for inquiries regarding information contained on this form is the school principal.



Transportation Company Form for Transported Students

School Name: _____

Student's Preferred Name: _____

Grade: _____ Gender: _____

Bus#1 _____ Stop I.D.#1 _____
Bus#2 _____ Stop I.D.#2 _____

Life Threatening

Sample



Allergies and Health Conditions: _____

Medications/Procedure to Follow: (Other) _____

Note: This area not to be shared with anyone outside the School Office or Bus Operator Office:

*Parent/Legal Guardian (1): _____

Parent/Legal Guardian (2): _____

Home Phone: _____
Bus. Phone: _____
Cell Phone: _____

Home Phone: _____
Bus. Phone: _____
Cell Phone: _____

* - denotes that student lives with this parent/ legal guardian

Emergency Contacts (Other than parent/ legal guardian/)

	Relationship	Name	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Date printed:

Distribution: 1. Transportation Consortium 2. Bus Company 3.OSR 4. Student Emergency Plan File
5. Parent/Legal Guardian/Adult Student

Personal Information collected on this form is gathered under the Education Act to compile emergency contact lists and administer health and first aid services to the student.



Vehicle Operator Form for Transported Students

School Name: _____

Student's Preferred Name:

Grade: _____ Gender: _____

Bus#1 _____ Stop I.D.#1 _____

Bus#2 _____ Stop I.D.#2 _____

Life Threatening



Allergies and Health Conditions:

Medications/Procedure to Follow: (Other)

Distribution: 1. Transportation Company 2. Vehicle Operator



Date Printed:

CUST999R

ESIS STUDENT VERIFICATION FORM

STUDENT

Pupil Number _____ Grade _____
Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Preferred First Name _____
Middle Name _____
Third Initial _____ Gender _____
Birth Date _____ Age _____
Proof of Age _____
Home Phone No. _____
Homeroom Teacher: _____

PROPERTY ADDRESS

Street # /Name _____ Apt# _____
Municipality _____
Province _____
Postal Code _____

MAILING ADDRESS

Same as Property Address ____ (Y/N)

[Empty rectangular box]

IMMIGRATION INFORMATION

Country of Birth _____
Citizen of _____
Language _____
Language at Home _____
Immigration Status _____
Entry Date to Canada _____
Expiration Date _____

MISC INFORMATION

Emergency Closure Contact _____
Tuition Paid By _____
Tuition Type _____
Consent for Release of Information ____ (Y/N)
Family Courier ____ (Y/N)

TRANSPORTATION

Bus am: _____ Bus pm: _____ Alt. Bus am _____ Alt. Bus pm _____

Alternate Addresses:

Table with 5 columns: Street #, Name, Apt#, Municipality, Alternate Type (Drop-off/Pick-up/Summer School/Other). Rows 1-4.

PARENT/legal guardian

Custody _____ Living With _____ Court Access _____

1. Relationship _____
Last Name _____
First Name _____
Living With Student ____ (Y/N)
Same as Student Addr ____ (Y/N)
Address _____

2. Relationship _____
Last Name _____
First Name _____
Living With Student ____ (Y/N)
Same as Student Addr ____ (Y/N)
Address _____

[Empty rectangular box]

Language _____
Speaks English ____ (Y/N)
Copy of Correspondence ____ (Y/N)
Willing to Volunteer ____ (Y/N)
Work/Employment _____
Work Phone No. _____ Ext. _____
Available at Work ____ (Y/N)
Home Phone No. _____
Cellular Phone No. _____
Fax. #. _____
Pager #. _____
E-mail Address _____

Language _____
Speaks English ____ (Y/N)
Copy of Correspondence ____ (Y/N)
Willing to Volunteer ____ (Y/N)
Work/Employment _____
Work Phone No. _____ Ext. _____
Available at Work ____ (Y/N)
Home Phone No. _____
Cellular Phone No. _____
Fax. #. _____
Pager #. _____
E-mail Address _____

[Empty rectangular box]



3. Relationship _____
Last Name _____
First Name _____
Living With Student ___ (Y/N)
Same as Student Addr ___ (Y/N)
Address _____

4. Relationship _____
Last Name _____
First Name _____
Living With Student ___ (Y/N)
Same as Student Addr ___ (Y/N)
Address _____

[Empty rectangular box for address]

[Empty rectangular box for address]

Language _____
Speaks English ___ (Y/N)
Copy of Correspondence ___ (Y/N)
Willing to Volunteer ___ (Y/N)
Work/Employment _____
Work Phone No. _____ Ext. _____
Available at Work ___ (Y/N)
Home Phone No. _____
Cellular Phone No. _____
Fax. #. _____
Pager #. _____
E-mail Address _____

Language _____
Speaks English ___ (Y/N)
Copy of Correspondence ___ (Y/N)
Willing to Volunteer ___ (Y/N)
Work/Employment _____
Work Phone No. _____ Ext. _____
Available at Work ___ (Y/N)
Home Phone No. _____
Cellular Phone No. _____
Fax. #. _____
Pager #. _____
E-mail Address _____

EMERGENCY CONTACTS (OTHER THAN PARENT/LEGAL GUARDIAN)

1. Last Name _____
First Name _____ Relationship _____
Address _____

2. Last Name _____
First Name _____ Relationship _____
Address _____

[Empty rectangular box for address]

[Empty rectangular box for address]

Home Phone No. _____ Unlisted ___ (Y/N)
Work Phone No. _____ Ext. _____
Cellular Phone No. _____

Home Phone No. _____ Unlisted ___ (Y/N)
Work Phone No. _____ Ext. _____
Cellular Phone No. _____

SIBLINGS (who are currently registered in a S.C.D.S.B school)

1. Name _____ 2. Name _____ 3. Name _____ 4. Name _____
Relationship _____ Relationship _____ Relationship _____ Relationship _____
Grade _____ Grade _____ Grade _____ Grade _____
Gender _____ Gender _____ Gender _____ Gender _____
School _____ School _____ School _____ School _____

MEDICAL

Doctor's Name _____ Phone No. _____
Life Threatening? ___ (Y/N)
Allergies and Health Conditions _____
Medication Procedures (Other) _____

MESSAGE TO PRINT AT BOTTOM OF THIS FORM:

[Large empty rectangular box for message]

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

Administration of Medication and Medical Emergency Response
Parent/Legal Guardian Responsibilities

1. Notify the principal in writing of the student's condition at the beginning of each school year or whenever the student's need is identified, by completing the Student Medical Health Data Form (Form A1420 - 1). Where medication is required, such administration of medication is at no cost to the Simcoe County District School Board.
2. The parent/legal guardian/student shall work with the principal to ensure that a medical emergency plan (Form A1420 - 2) based on physician's instructions is developed for their child and shall sign the plan.
3. Where medication is required the parent/legal guardian of a student under 16 shall consult with their family physician:
 - to determine if medication could be administered at a time other than during the school day;
 - to consider the need for a "medic-alert" symbol when it is necessary to identify that the student requires emergency treatment;
 - provide the school with details regarding the recognition of symptoms and actions to be taken if side effects occur;
 - provide information for personnel administering medication as required by the condition in consultation with the school principal;
4. Supply the medication/epi-pen, rendered child-proof where feasible, in a clearly labeled original container bearing:
 - the student's name;
 - the name of the medication, dosage and instructions for use;
 - the name of the prescribing physician;
 - the stale date or shelf life.
5. The parent/legal guardian shall follow the principal's direction with regard to the amount of a student's medication which is appropriate and reasonable to be stored at school.
6. Notify the principal of situations when medication should not be given.
7. Replace the medication upon expiry of the stale date and take back any unused portion at the end of the school year or according to instructions.
8. Make arrangements for safely transporting the medication to and from the school.



9. When a student transfers to another school the parent/legal guardian/ student must make a new request, in order to provide notice of his/her special needs at the time of registration.

10. It is the responsibility of the parent/legal guardian of a child with a life-threatening condition to teach the child:
 - to recognize the first symptoms of the condition;
 - to know where the medication is kept;
 - to communicate clearly when they feel a reaction starting;
 - to not share snacks lunches or drinks of other students;
 - the importance of hand washing;
 - to take as much responsibility as possible for their own safety.



ANAPHYLACTIC STUDENT IN CLASS

INFORMATION ABOUT ANAPHYLAXIS

School Logo

Dear Parents/legal guardians

Within our school community there are students who have a life-threatening allergy (**anaphylaxis**) to peanuts. Unfortunately, because of the nature of the peanut and peanut butter, it is not just a question of whether or not these students ingest the product. Even touching peanut residue or inhaling airborne peanut proteins could cause a reaction. Although these children show admirable restraint and maturity in dealing with their problem by refusing offered and tempting foods, it is not enough. There are many common areas within the school where all students attend, and handle the same items, such as gym equipment, library books, computers, etc.

We feel the best way to reduce the risk of reactions to these students is to respectfully ask for the co-operation of the parents/legal guardians within this school community to please not send peanut butter or products with peanuts listed in the ingredients. This may prove difficult for some, therefore we do have resources available with examples of alternatives to peanut butter lunches. A popular alternative is to send your student's favourite cereal in a container with a carton of milk, and allow him/her to eat peanut butter for breakfast.

Many people are unaware of the severity of this allergy. Some facts that may help to increase your understanding of anaphylaxis are indicated on the reverse side of this letter.

I hope this information is significant enough to gain the co-operation of our school community in helping to "Reduce the Risk" and create as safe a learning environment as possible for our peanut-allergic students. If you still have questions there is an Information Session on **Anaphylaxis and the Peanut Allergy** scheduled at the school on

_____. Thank you very much for your co-operation.

Sincerely

Principal



School Logo

URGENT NOTICE

Dear Parents/Legal Guardians of Students in _____'s class.

We respectfully request your support in the following matter and truly appreciate your assistance.

A student in our class has life threatening allergies to _____.
A tiny amount can be fatal within minutes. Such a life threatening condition is called **anaphylaxis**.

An emergency treatment plan that includes the administration of epinephrine carried by an Epi-pen is in a place at school. We need your assistance to ensure the safety of this student and to significantly reduce the risk of death.

Parent/legal guardians of students in _____'s class are asked to avoid sending products containing _____ to school. Trace amounts on furniture, toys and classroom materials can be fatal!

We are aware that this request may present some problems but protecting the life of a student is a major consideration.

Thank you for not sending food containing _____ products to school. Your caring and support is appreciated and critical to the well being of this student.

Sincerely yours

Principal

Please detach and return

I have read the letter regarding _____ allergies.

Student's Name _____

Parent/Legal Guardian Signature _____

Date _____



ANAPHYLACTIC STUDENTS IN SCHOOL - REMINDER LETTER

Dear Parents/legal guardians

Today we noticed that _____ had an item of food containing peanuts/tree nuts. This is just a reminder that our school is striving to reduce the risk of exposure to our students who suffer from severe allergic reactions to these items.

We realize this may prove challenging and therefore have resources available with alternatives to peanuts/tree nuts. Please feel free to visit the office and request copies of these resources.

Thank you very much for your co-operation. It is greatly appreciated.

Sincerely yours

Principal



PLEASE BE AWARE...

**WE ARE STRIVING
TO
REDUCE THE RISK
OF
ALLERGIC REACTIONS
TO
PEANUTS/TREE NUTS**

**Please do not bring ANY foods
containing these products upon the
premises.**

**THANK YOU VERY MUCH FOR
YOUR CO-OPERATION.**



CO-OP PLACEMENT MEDICAL EMERGENCY PLAN

To be completed for students on co-op placement requiring a medical emergency plan for the purpose of responding to medical emergency while the student is on placement.

Student Name (please print)

School Name (please print)

A. MEDICAL CONDITION

1. Describe the medical condition.

Sample

2. Describe symptoms or warning signs.

Sample

3. Define emergency steps that should be taken and when they may be required.

Sample

4. Does the student require medication in the event of an emergency? Y N

5. If yes:

Sample

What is it?

Sample

Where is it located?

Sample

When and how should it be administered?



B. EMERGENCY CONTACT INFORMATION

Parent/Guardian/Legal Custodian or other emergency contact where the student is an adult student (please print)

Home Phone

Work Phone

Cell Phone

Other Emergency Contact (required for all students) (please print)

Home Phone

Work Phone

Cell Phone

C. CONFIRMATION BY PLACEMENT SUPERVISOR

I have read and understand the medical emergency plan for this student and confirm that I or my staff will adhere to the plan in the event the warnings or symptoms described in the plan manifest. This information shall be maintained in confidence and at the end of the co-op placement will be returned to the co-op teacher for secure destruction by shredding.

Name of Organization

Placement Supervisor

Name of Co-op Teacher

Date

D. CONSENT

I have completed the medical emergency plan for my child/myself and confirm that it is accurate. Should any changes or updates be required to this plan, I will contact the Co-op teacher to revise the plan.

I consent to the release of this plan by the school to the Placement Supervisor for the purpose of responding to a medical emergency as defined in the plan while my child/myself is at the placement.

Parent/Guardian/Legal Custodian/Adult Student (please print)

Parent/Guardian/Legal Custodian/Adult Student (signature)

Student signature

Date

The information requested on this form is collected under the authority of the Education Act, s 171 and will be used for the purpose responding to a medical emergency for the duration of the placement. Any questions regarding the information collected on this form can be addressed to the school principal or the Freedom of Information/Records Management Officer at 1170 Highway 26, Midhurst, Ontario L0L 1X0 or at (705) 734-6363 ext 11265.

Distribution: 1. Co-op teacher 2. Co-op Placement 3. Ontario Student Record Documentation File
4. Student or legal custodian of a student under the age of 16