UPPER CANADA District School Board

Our Family Welcomes Yours!

June 2022

IMPORTANT INFORMATION REGARDING STUDENT MEDICAL CONDITIONS

Dear UCDSB Parents and Guardians,

In February 2018, the Ministry of Education updated policies related to students in schools who have **one or more** of the following medical conditions:

- Anaphylaxis; and/or
- Asthma; and/or
- Diabetes; and/or
- Epilepsy; and/or
- Life Threatening Medical Conditions

If your child has a medical condition, please contact their school prior to September 6, 2022 to co-create a Plan of Care for your child as soon as possible. New plans of care are required at the start of each school year as student needs may have changed.

Of note, the responsibilities of parents/guardians of children with prevalent medical conditions include:

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

- educate their child about their medical condition(s) with support from their 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 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 annual meetings to review their child's Plan of Care;

- supply their child and/or the 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.

To view the memo from the Ministry of Education with the full details of this policy, including the responsibilities of parents/guardians, students, school staff, principal(s), and the school board, please access it online at Policy/Program Memorandum 161 or contact your local school to obtain a hard copy of the memo.

If you have any questions or concerns, please contact your child's school directly to discuss.

Sincerely,

Marsha McNair

Marsha McNair
Superintendent of School Operations and Safe Schools
Upper Canada District School Board

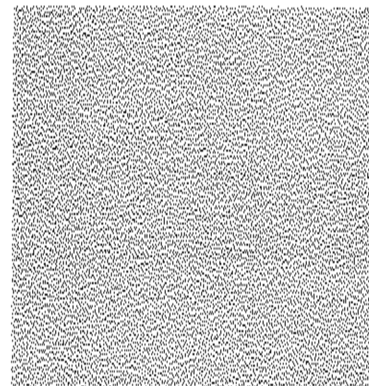
UPPER CANADA District School Board

Please Check One:	
Student is a Walker	☐
Student Rides the Bus	☐

Life Threatening Emergency Medical Form For School and Transportation Use

1. Use of this form is limited ***ONLY TO STUDENTS WITH LIFE-THREATENING MEDICAL CONDITIONS*** that may require the emergency administration of an epinephrine auto-injector or other emergency medical attention.
2. This form shall contain a clear and recent photograph of the student.
3. Please ensure that this form is filled out completely, legibly and in pen.
4. This form should be updated yearly and/or as medical information changes.
5. NOTE: Bus companies **do not** provide epinephrine auto-injectors on the school bus/vehicle. It is the responsibility of the parent(s)/guardian(s) to ensure that their child carries an auto-injector if it is required. Bus drivers are trained in administrating an auto-injector.

Student Name:	
Parent(s)/Guardian(s):	
Civic Address:	
Primary Emergency Contact #:	
Secondary Contact #:	Alternate #:
School:	Grade:
Bus Company:	Route #:



Life Threatening Medical Condition(s):

☐	**Allergy/Anaphylaxis to** (specify allergy/allergies):
Auto-injector can be found (Please indicate location of auto-injector on student):	
☐	**Asthma (specify type of reliever inhaler):**
Inhaler can be found (Please indicate location of inhaler on student):	
☐	**Other Medical Condition(s)** (please specify condition(s) and location(s) of any support devices):

I/we authorize this "Life Threatening Emergency Medical Form" to be shared with school staff, bus companies, bus drivers and Student Transportation of Eastern Ontario (STEO).

Parent(s)/Guardian(s) Signature Date

***FOR STUDENTS WHO ACCESS TRANSPORTATION*, I hereby confirm that the school has received the Life Threatening Emergency Medical Form and that discussions were held with the parent(s)/guardian(s) and the bus company and/or bus driver to review the transportation emergency action plan for the child identified on this form.**

Principal's Signature Date

Copy to:	☐ School Office Administrator for Student File	
Copy (if applicable) to:	☐ Bus Company/Driver	☐ STEO (Fax: 613-925-0024)

Name of Student: ______________________

EMERGENCY ACTION PLAN: List steps to be taken in a concise and legible format

Medical Condition – Specific Allergy – Please Check All That Apply

Indications of Severe Allergic Reaction:

- ☐ Difficulty breathing or swallowing, wheezing, coughing, choking
- ☐ Flushed face, hives, swelling or itching lips, tongue, eyes
- ☐ Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- ☐ Vomiting, nausea, diarrhea, stomach pains
- ☐ Loss of consciousness/passes out
- ☐ Tightness in throat, mouth, chest
- ☐ Pale blue skin or lips
- ☐ Other (identify): ______________________

Medical Condition – Asthma – Please Check All That Apply

Indications of Severe Asthmatic Reaction:

- ☐ Restlessness, irritability, fatigue, coughing (frequent, dry and regular)
- ☐ Breathlessness (child may talk in one or two word sentences; nostrils flaring with breaths)
- ☐ Obvious discomfort
- ☐ Neck muscles tighten every time they breathe
- ☐ Lips and nail beds may have a grayish or bluish colour
- ☐ Wheezing (can't always hear it)
- ☐ Breathing quickly
- ☐ Constantly rubbing nose or throat
- ☐ Other (identify): ______________________

Asthma Triggers:

☐ cold/flu/illness ☐ mould ☐ dust ☐ cold weather ☐ strong smells ☐ pet dander ☐ cigarette smoke
☐ physical activity/exercise ☐ pollen ☐ allergies (specify):______________________

Medical Condition – Diabetes – Please Check All That Apply

Possible Symptoms of Low Blood Sugar in Diabetics:

* More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.

☐ confusion	☐ shakes	☐ crying	☐ increased heart rate
☐ trembling	☐ hunger	☐ feeling low	☐ numbness or tingling of tongue or lips
☐ headache	☐ withdrawn, quiet	☐ pale	
☐ sweating	☐ weak, drowsy	☐ irritable, anxious	☐ nauseated

* May lead to loss of consciousness (passing out) or seizures

Possible Symptoms of High Blood Sugar in Diabetics:

* More rare

☐ increased thirst ☐ increased urination ☐ feeling unwell

Medical Condition – Epileptic Seizure – Please Check All That Apply

Symptoms of Epileptic Seizures:

- ☐ Staring, apparently not hearing, no movement
- ☐ Twitching
- ☐ Drooling or biting lips, cheeks or tongue
- ☐ Jerking of the arms, legs, face
- ☐ Drowsiness or inattention
- ☐ May become unconscious

Instructions for bus driver in the event of an epileptic seizure:

<u>DO NOT</u> put anything in the child's mouth. <u>DO NOT</u> restrain movement. If possible, put something soft under the head for protection. <u>AFTER THE SEIZURE</u> put the child on their side in recovery position. If a seizure lasts longer than 5 minutes, or repeats without full recovery, <u>SEEK MEDICAL ASSISTANCE IMMEDIATELY</u>.