



School District #64 – Learning Services

112 Rainbow Road, Salt Spring Island BC
V8K 2K3 (250) 537-5548 ext. 207

FORM 4250-1

Care Plan For Serious Medical Condition

Date Developed:

Date to be Reviewed:

Student's Name:

Case Manager:

Date of Birth:

Contact Information

Parent/Guardian Name:

Phone:

Cell:

Parent/Guardian Name:

Phone:

Cell:

Alternative Emergency Contact's Name:

Phone:

Cell:

Background Information: (Diagnosis and daily medical needs)

Emergency Protocol at School: (Symptoms and steps to take if medical attention is needed)

Emergency Protocol for Field trips: (Symptoms and steps to take if medical attention is needed)



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Responsibilities:

Parent/student Responsibilities:

- Inform teacher of medical condition and emergency treatment
- When appropriate, ensure student wears a Medical Alert bracelet or Necklace
- If needed, provide medication as prescribed by physician

Teacher Responsibilities

- Inform teacher on call of student with medical condition and emergency treatment
- To understand the medical condition
- To work with parent, student and school based support personnell to provide education where needed

On Field trips/co-curricular/extra- curricular activities and Bus staff

- Take 2 copies of the Medical Action Form and cellular phone
- Inform supervising adults of student and emergency treatment
- If needed, bring emergency medication as prescribed by a physician

We have reviewed this care plan and agree that it will be followed in the school setting. If there is a change in the student's medical needs we agree that the parent must inform the school so that the school can continue to provide the appropriate care.

Parent/Guardian Signature _____

Date _____

School Principal Signature _____

Date _____