



WIKWEMIKONG BOARD OF EDUCATION
MEDICALLY-AT-RISK STUDENTS
RESOURCE BOOK

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Used with permission of the Avon Maitland District School Board.

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INDIVIDUAL MANAGEMENT PLAN

Name:	School:
Date of Birth:	Home Phone Number:
Doctor(s):	Medical Condition(s):
Parent/Guardian:	Medication(s):
Address:	Teacher(s):

(**Student Name**) may experience (**describe specific medical condition**). The following is a management plan that will identify how to act appropriately and safely for (**student name**).

PREVENTION/AVOIDANCE STRATEGIES:

POSSIBLE SYMPTOMS:

EMERGENCY PROCEDURES:

LOCATION(S) OF MEDICATION:

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If the situation **at any time** is deemed an emergency by any member of the school team, 9-1-1 will be called. In the case of seizure activity, a time period should be established (e.g. after 5 minutes) then call 9-1-1.

WHO TO NOTIFY:

Name:	Number
1.	
2.	
3.	
4.	

AUTHORIZATION:

We hereby authorize the above protocol to be followed by the school staff, and bus driver in the event that (student name) has (medical condition) at school. Information cards, including photographs, will be distributed. We also release school personnel and Avon Maitland District School Board from liability arising from the administration of medication(s) and/or treatments listed in this plan.
This Individual Management Plan is effective (dd/mm/yy).

SIGNATURES:

Parent(s)/Guardian(s):	Date:
Principal:	Date:
Physician(s):	Date
Other(s):	Date

**A copy of the Individual Management Plan Information Card
should be with the child at all times.**

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**Individual Medical Management Plan
Contact Record**

Name:	School:
Date of Birth:	Home Phone Number:
Doctor(s):	Medical Condition(s):
Parent/Guardian:	Medication(s):
Address:	Teacher(s):

Summary of Review, Updating & Parent/Student Consultation

PLEASE COMPLETE & RETURN THIS FORM BY _____
YY/MM/DD

- ___ No changes required, continue with plan
___ Changes required: updated documentation attached

Comments:	
_____	_____
Parent/Guardian	Date

Principal Date

Special Education Resource Teacher Date

Signatures: *Classroom Teacher(s), including all rotary/subject teachers*

Date

Date

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GUIDE TO THE USE OF AN INDIVIDUAL MANAGEMENT PLAN

Name:	School:
Date of Birth:	Home Phone Number:
Doctor(s):	Medical Condition(s):
Parent/Guardian:	Medication(s):
Address:	Teacher(s):

(**Student Name**) may experience (**describe specific medical condition**). The following is a management plan that will identify how to act appropriately and safely for (**student name**).

PREVENTION/AVOIDANCE STRATEGIES:

e.g. Fragrance/nut/latex free school policy

POSSIBLE SYMPTOMS:

<ul style="list-style-type: none">• This information should be supplied by the medical personnel involved with the student.• Copies of specific letters/documentation/reports from medical personnel should be stapled to this plan.• Be factual and specific.

EMERGENCY PROCEDURES:

<ul style="list-style-type: none">• This information should be supplied by the medical personnel involved with the student.• Copies of specific letters/documentation/reports from medical personnel should be stapled to this plan.• It should also include who does what within the school, how school support staff will be notified (e.g. P.A. systems, walkie-talkie, etc.), what happens to other children in the vicinity and how emergency personnel will be contacted (and by whom).• The entire school staff should be trained and aware of the plan and how to respond.
<p>NOTE: If drugs are to be administered, the orders (signed by a physician) must be attached to the plan. Staff training of how to administer the drugs should take place. Careful notes of when and what was administered must be documented.</p>

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LOCATION(S) OF MEDICATION:

- Clearly indicate where the medication is found (e.g. in fanny pack on student, in office in top drawer of filing cabinet, etc.
- If student does not carry medication with him or her, the plan should also include who is responsible for getting the drugs to be administered.

WHEN TO CALL 9-1-1:

If the situation **at any time** is deemed an emergency by any member of the school team, 9-1-1 will be called. In the case of seizure activity, a time period should be established (e.g. after 5 minutes) then call 9-1-1.

WHO TO NOTIFY:

Names appearing should:

- Include full names and telephone numbers
- Be in order of priority
- Be brief (as your priority is dealing with the student)
- Be accurate
- Should be placed by every telephone in the school

NOTE: The School Team should determine who will make the calls and specify it on the plan.

Name:	Number
1.	
2.	
3.	
4.	

AUTHORIZATION:

We hereby authorize the above protocol to be followed by the school staff in the event that (student name) has (medical condition) at school. We also release school personnel and Avon Maitland District School Board from liability arising from the administration of medication(s) and/or treatments listed in this plan.
 This Individual Management Plan is effective (dd/mm/yy).

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SIGNATURES:

Parent(s)/Guardian(s):	Date:
Principal:	Date:
Physician(s):	Date
Other(s):	Date

A copy of the Individual Management Plan should be with the child at all times.

c: OSR, Central Files, Parent(s)/Guardian(s), Medical Personnel (with parental permission)

Individual Medical Management Plan
Contact Record

Name:	School:
Date of Birth:	Home Phone Number:
Doctor(s):	Medical Condition(s):
Parent/Guardian:	Medication(s):
Address:	Teacher(s):

Summary of Review, Updating & Parent/Student Consultation

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PLEASE COMPLETE & RETURN THIS FORM BY _____

YY/MM/DD

- ___ No changes required, continue with plan
- ___ Changes required – updated documentation attached

Comments:

The contact record must be sent home for signatures at the beginning of each school year or when a medically-at-risk student moves (either into or between Avon Maitland District School Board schools). When the signed contact record is returned, it is attached to the original plan and stored in the student's OSR.

When changes are required, a new plan must be developed and signed by the physician, parent and school team.

Parent/Guardian

Date

Principal

Date

Special Education Resource Teacher

Date

Signatures: *Classroom Teacher(s), including all rotary/subject teachers*

Date

Date

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INDIVIDUAL MANAGEMENT PLAN: RESPONSIBILITY CHECKLIST

Name:	School:
Medical Condition(s)	School Year:

PARENT RESPONSIBILITIES

- Inform the school of their child's condition
- Provide medical documentation of their child's condition
- Provide medical documentation and endorsement of how to respond
- Participate in the development and review of the Individual Management Plan
- Provide a Medic Alert bracelet for their child, if appropriate
- Provide the school with physician's instructions for administering medication
- Provide the school with up-to-date medications and keep it current
- Provide the school with appropriate materials
- Provide support to the school and teachers as required
- Teach their child to:
 - Recognize the first symptoms of their condition
 - Know where medication is kept and who can get it
 - Communicate clearly when he/she feels a reaction is starting
 - Carry his/her own fanny pack
 - Take as much responsibility for his/her own safety as possible

PRINCIPAL RESPONSIBILITIES

Communicate with the parents of a medically-at-risk child to:

- Ensure that the parents have completed all the medical forms
- Ensure that instructions from the child's physician are on file
- Post Individual Management Plan posters in the staff room, office and other appropriate places
- Maintain up-to-date emergency contacts and telephone numbers
- Ensure that all staff are informed of the medically-at-risk child and his/her treatment
- Ensure that all occasional staff are informed of the presence of a medically-at-risk child and required emergency procedures
- Ensure that all staff have annual training
- Develop an Individual Management Plan for each medically-at-risk student
- When a medically-at-risk student changes school, send Individual Management Plan to receiving principal
- Store medication in easily accessible, secure and identifiable locations
- Establish safe procedures for field trips and extra-curricular activities
- Determine safe school policies in co-ordination with the school council
- An Individual Management Plan Poster will be provided to the bus company each year.

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Letter to Parent/Guardian of Medically-at-Risk Students (school letterhead)
(including but not limited to anaphylactic students)

Dear Parents/Guardians:

Schools in the Wikwemikong Board of Education strive to ensure the safest environment for Medically-at-Risk Students. As the parent/guardian of a Medically-at-Risk Student you have the imperative responsibility to ensure that the school administration is able to provide for the safety and support needs for your child.

Upon initial registration and as additional information is available, the parent/guardian **must provide** the following to the school principal:

- Information identifying your child's condition
- Medical documentation to support your child's condition
- Medical documentation and endorsement of appropriate response
- Willingness to assist developing and reviewing the school's Individual Medical Management Plan for your child
- An up-to-date Medic Alert bracelet for your child (where appropriate)
- Instructions from a physician regarding medication administration (where appropriate)
- Ongoing medication in quantity (where appropriate)
- Appropriate support materials suitable for school staff's understanding and support
- Co-operation and support for school and teachers as required
- Encouragement for your child to:
 - Recognize first symptoms of the condition
 - Know the school location for medication and who can get it
 - How to communicate the onset of a reaction
 - Carry own medication (ex. Epicene) in a fanny pack or other device
 - Learn how to take responsibility for personal safety as appropriate

The above mentioned are part of a school's checklist of parent/guardian responsibilities regarding the Individual Medical Management Plan. Your response to the required information and readiness to provide it to the school administration is very much appreciated and supports risk reduction when ensuring your child's safety needs in our school. Once the above information is received, an Individual Management Plan Poster will be developed and sent home for signatures.

Yours truly,

Principal

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School Letterhead and Board Letterhead Combination

Sample Letter to School Community Regarding Medically-at-Risk Students

Dear Parents/Guardians:

Schools in the Wikwemikong Board of Education have some students who, for safety reasons, are described as “Medically-at-Risk”. This qualification may be for a number of medical conditions and specific plans are in place on a student-by-student basis to respond to individual needs. School administration, medical authorities and parents/guardians work in partnership to ensure the safety and support of all students, and especially “Medically-at-Risk” students.

In situations where “Medically-at-Risk” students are in danger because of allergic reactions to certain foods, latex, etc., it is necessary for school communities to put in place, measures to reduce and eliminate dangerous situations. For example, if a child is allergic to ‘peanuts’, the school principal and School Council will put a policy in place along with providing information and education for all parties, about ensuring a “nut educated” school environment. (Literature can be obtained from the local health unit as to healthy and nutritional alternatives to peanuts and nut products). This means that some inconvenience and need for diligence will be encountered for parents/guardians as they pack lunches and snacks for their children, but this is essential to avoid a life-threatening situation for a “Medically-at-Risk” student in the school. Such requests of the school community are not made without serious consideration for the welfare of all students. Sincere appreciation is extended to all families of the school for their support in these circumstances.

At the _____ school we are taking the following precautions

Yours truly,

Principal

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INDIVIDUAL MANAGEMENT PLAN POSTER

STUDENT NAME _____

**RECENT
STUDENT
PICTURE**

CONDITIONS:

POSSIBLE SYMPTOMS:

EMERGENCY PROCEDURES:

LOCATION(S) OF MEDICATION:

(please post in staff room, school office and a copy to bus operators)

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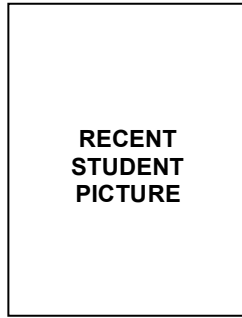
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INDIVIDUAL MANAGEMENT PLAN POSTER

STUDENT NAME: _____



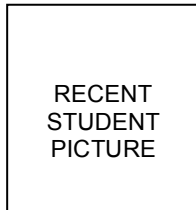
POSSIBLE SYMPTOMS:

EMERGENCY PROCEDURES:

LOCATION(S) OF MEDICATION:

INDIVIDUAL MANAGEMENT PLAN POSTER

STUDENT NAME: _____



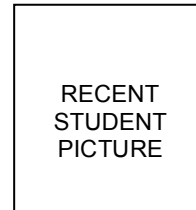
POSSIBLE SYMPTOMS:

EMERGENCY PROCEDURES:

LOCATION(S) OF MEDICATION:

INDIVIDUAL MANAGEMENT PLAN POSTER

STUDENT NAME: _____



POSSIBLE SYMPTOMS:

EMERGENCY PROCEDURES:

LOCATION(S) OF MEDICATION:

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