District School Board
Ontario North East

Appendix D

MEDICAL COMMUNICATION PLAN

Student Name: _____ **Homeroom:** _____

D.O.B: _____ **Grade:** _____

School Name: _____ School Year: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Alt. Contact: _____ Phone: _____

Alt. Contact: _____ Phone: _____

Type of Medical Alert

- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy

For the above Medical Alerts, see Procedure 2.1.39 – Supporting Students with Prevalent Medical Conditions

- ☐ Other: _____

Steps to Follow:

1. Emergency Medication or Intervention
2. Call 911
3. Call Parent/Guardian (see above)

* Never leave child unattended

Emergency Medication or Intervention Plan/Details

PHOTO