

Dear Parents,

Earlier this year, the Ministry of Education released [Policy Program Memorandum 161: Supporting Students with Prevalent Medical Conditions](#). School Boards across Ontario are expected to implement PPM 161 by September 2018. As a result, the HDSB has updated several Administrative Procedures to better support students who have **Anaphylaxis, Asthma, Diabetes, Epilepsy** and **Seizure Disorders**. With the revised HDSB procedures, students who have any of the listed prevalent medical conditions, **must have a Plan of Care in place**. Furthermore, the Plan of Care must be co-created by the student, parent and school staff. Even with these new policies and procedures, it is still expected that a **physician's signature be obtained**. Please schedule an appointment with your doctor in the summer months to have your forms signed. All medications require a physician's signature to be administered (e.g., epipen, ventolin, benadryl...).

**You are receiving this email as we have on record that your student has a prevalent medical condition that requires you and your student to meet with school staff to co-create a Plan of Care for the 2018-2019 school year.**

If you would like to discuss your Plan of Care with the new Vice Principal, Ms. Maria Limanni, please contact her at [limannim@hdsb.ca](mailto:limannim@hdsb.ca). She is available by phone or email after August 20th. Your attention to this matter is greatly appreciated, as your child's health and safety while at school is of the greatest importance to us. Please review the applicable column(s) in the chart below so you will know the nature of the meeting, and what to bring to the meeting. We look forward to seeing you in August.

**REQUIRED - If you child has ANAPHYLAXIS please fill out the following forms:**

**Anaphylaxis**

Please complete the [Anaphylaxis Plan of Care form](#), that will be discussed and finalized together at our meeting (email a meeting time).

Bring the following forms completed and signed:

[Request to Administer Emergency Medication Appendix A Form 1](#)

[Request to Self Administer Medication Appendix B Form 2](#)

Student must always carry their own epi-pen while at school, but we ask that you bring to the meeting an extra epi-pen with all the appropriate medical information to be stored in the main office.

**REQUIRED - If you child has ASTHMA please fill out the following forms**

**Asthma**

Please complete the [Asthma Plan of Care form](#), that will be discussed and finalized together at our meeting(email a meeting time) .

Bring the following forms completed and signed:

[Request to Administer Emergency Medication Appendix A Form 1](#)

(if applicable)

[Request to Self Administer Medication Appendix B Form 2](#)

Student must always carry their own inhaler while at school, but we ask that you bring to the meeting an extra inhaler with all the appropriate medical information to be stored in the main office.

**REQUIRED - If you child has DIABETES please fill out the following forms**

**Diabetes**

Please complete the [Diabetes Plan of Care form](#), that will be discussed and finalized together at our meeting(email a meeting time) .

Bring the following forms completed and signed:

[Request to Administer Emergency Medication Appendix A Form 1](#)

[Request to Self Administer Medication Appendix B Form 2](#)

Student must always carry their own diabetes management kit at school, but we ask that you bring to the meeting an extra kit with all the appropriate medical information to be stored in the main office.

**REQUIRED - If you child is/has Epileptic/Seizure Disorder please fill out the following forms**

**Epilepsy and Seizure Disorders**

Please complete the [Epilepsy/Seizure Disorder Plan of Care form](#), that will be discussed and finalized together at our meeting(email a meeting time) .

Bring the following forms completed and signed:

[Request to Administer Emergency Medication Appendix A Form 1](#)

(if applicable)

[Request to Self Administer Medication Appendix B Form 2](#)

(if applicable)

If applicable as per doctor's instructions, parents must provide the school 2 doses of prescribed emergency medication, and any other prescribed equipment (i.e. helmet). Please bring these items to the meeting if part of your child's medical support plan.

**REQUIRED - If you child is/has Another Condition please fill out the following forms**

**Generic Medical Form**

Please complete the [Generic Medical Form](#), that will be discussed and finalized together at our meeting(email a meeting time) .

Bring the following forms completed and signed:

[Request to Administer Emergency Medication Appendix A Form 1](#)

(if applicable)

[Request to Self Administer Medication Appendix B Form 2](#)

(if applicable)

If applicable as per doctor's instructions, parents must provide the school 2 doses of prescribed emergency medication, and any other prescribed equipment (i.e. helmet). Please bring these items to the meeting if part of your child's medical support plan.

Thank-you so much for your help in this matter. If you have any questions, please feel free to contact me until the end of the year and then Ms. Limanni at [limannim@hdsb.ca](mailto:limannim@hdsb.ca).

Sincerely,  
Ms. Maria Limanni



