

Form 316-3 v. 2019

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20___ to 20___

Name of Student:	Date of Birth:			_/
		month	day	yea
School:	_ Homeroom Teacher: __			
Parent/Guardian:				
Physician:				
Occupational Therapist:				
Physiotherapist:				
Description of student's health/medical condition(s):				
Description of student's health/medical condition(s):				
Description of student's health/medical condition(s):				
Description of student's health/medical condition(s):				
Description of student's health/medical condition(s):				

Form 316-3

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20___ to 20___

Part Two (2): ROUTINE CARE PLAN - Complete Part Two (2) separately for each service required
Note: Provision of medication to manage an ongoing medical condition is considered an essential routine service
Name of Student:
Describe the care required:
How often is this required: Student's ability to self-administer/self-care?
Any additional instructions: i.e. What apparatus is needed, if any? Care of apparatus. Storage/accessibility or medication.

Parent's responsibilities:
School's responsibilities:
Please provide any other information that would help us to understand your child's needs.

The school personnel listed on the next page have received the necessary training to provide the care described above.

Form 316-3

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20	to 20			
Name of Student:				
The school personnel listed below have received the ne previous page.	cessary training to pro	vide the	care desc	cribed on the
NAME	TITI	.E		
] All Staff				
I have verified that techniq techniq	ue employed by the ab	ove name	ed persor	ns for the
care of this student and find it acceptable.				
Authorized health care professional*:	Date:		<i></i>	
Title:		month	day	year
OR				
Parent/Guardian:	Date:		<i></i>	
		month	day	year
Principal:	Date:	month	day	_/
Teacher:	Date:	month	/ dav	_/
0.11				
Other:	Date:	month	day	_/
Supporting Documentation:				

^{*} Note: The signature of an authorized health care professional may be required by the Principal depending on the level of complexity of the service requested.

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20 to 20				
Part Three (3): EMERGENCY CARE PLAN - Complete Part Three (3) only if an emergency plan is required				
Note: This part is to be completed by the school in collaboration with the parent.				
Parent's Responsibilities:				
School's Responsibilities:				

Form 316-3

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20___ to 20___

Note: If the requirements of the service requested have changed, complete a new Essential Routine Services and Emergency Plan form. If there are no changes, use this sign-off sheet to confirm the plan has been reviewed with the parent.

This plan remains in effect for the 20 to 20 school year without chan-	ge.			
Parent/Guardian:	Date:			
		month	day	year
Principal:	Date:	/	/	
		month	day	year
This plan remains in effect for the 20 to 20 school year without chan-	ge.			
Parent/Guardian:	Date:	/	/	
		month	day	year
Principal:	Date:	/	/	
		month	day	year
This plan remains in effect for the 20 to 20 school year without chan	ae.			
	90.			
Parent/Guardian:	Date:	/	. /	
		month	day	year
Principal:	Date:		/	
	-	month	day	year