Wolf Creek Public Schools
Creating Success For All Learners

6000 Highway 2A
Ponoka, AB T4J 1P6
403-783-3473

Form 316-3

v. 2019

ESSENTIAL ROUTINE SERVICES AND EMERGENCY PLAN

School Year: 20___ to 20___

Part One (1): STUDENT INFORMATION

Name of Student: _____ Date of Birth: _____/ _____/ _____
month day year

School: _____ Homeroom Teacher: _____

Parent/Guardian: _____

Physician: _____

Occupational Therapist: _____

Physiotherapist: _____

Description of student's health/medical condition(s):

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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 of 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.

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Name of Student: _____

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

NAME	TITLE
☐ All Staff	
_____	_____
_____	_____
_____	_____

I have verified that _____ technique employed by the above named persons for the
(Name of service)

care of this student and find it acceptable.

Authorized health care professional*: _____ Date: _____/ _____/ _____
month day year

Title: _____

OR

Parent/Guardian: _____ Date: _____/ _____/ _____
month day year

Principal: _____ Date: _____/ _____/ _____
month day year

Teacher: _____ Date: _____/ _____/ _____
month day year

Other: _____ Date: _____/ _____/ _____
month day year

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.***

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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:

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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 change.

Parent/Guardian: _____ Date: _____/ _____/ _____
month day year

Principal: _____ Date: _____/ _____/ _____
month day year

This plan remains in effect for the 20__ to 20__ school year without change.

Parent/Guardian: _____ Date: _____/ _____/ _____
month day year

Principal: _____ Date: _____/ _____/ _____
month day year

This plan remains in effect for the 20__ to 20__ school year without change.

Parent/Guardian: _____ Date: _____/ _____/ _____
month day year

Principal: _____ Date: _____/ _____/ _____
month day year