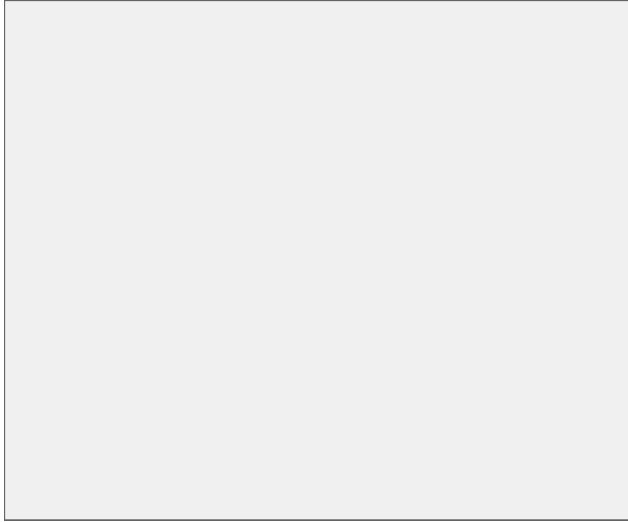


## Diabetes Management and Emergency Care Plan

I d e n t i f i c a t i o n	<b>Child's Name</b> <a href="#">Click here to enter text.</a>	<b>Date of Birth:</b> <a href="#">Click here to enter text.</a>	<b>Health Card Number:</b> <a href="#">Click here to enter text.</a>	<b>MediAlert® Number:</b> <a href="#">Click here to enter text.</a>
	<b>Does your child carry an Emergency Health Services (EHS) Special Patient Protocol card with them?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>Allergies:</b> <a href="#">Click here to enter text.</a>	<b>Medical Diagnosis(es):</b> <a href="#">Click here to enter text.</a>	 Place Photo Here	
	<b>Is your child aware of their diagnosis?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>Does your child experience fears and/or anxiety related to their health care needs/medical diagnosis?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If yes, please describe helpful coaching/support/management strategies:</b>  <a href="#">Click here to enter text.</a>			
	<b>Medications required during school hours: N/A <input type="checkbox"/></b>  1. <a href="#">Click here to enter text.</a>  2. <a href="#">Click here to enter text.</a>  3. <a href="#">Click here to enter text.</a>		<b>Location where medication is stored at the school (refer to Board policy)</b>  1. <a href="#">Click here to enter text.</a>  2. <a href="#">Click here to enter text.</a>  3. <a href="#">Click here to enter text.</a>	
	<b>Bus Driver(s) and Bus numbers(s) (if applicable):</b>			
<b>Morning Bus:</b> <a href="#">Click here to enter text.</a>		<b>Afternoon Bus:</b> <a href="#">Click here to enter text.</a>		

This plan has been shared with bus operators, and /or other school designated person(s) providing transportation

Yes ☐ N/A ☐

Does your child have any activity restrictions while at school?

Yes ☐ No ☐

If yes, please describe:

[Click here to enter text.](#)

**Emergency Contacts: Please prioritize 1,2,3, in the order the calls are to be placed:**

Name	Relationship	Home Phone Number	Work Phone Number	Cell Phone Number	E-Mail
1. <a href="#">Click here to enter text.</a>	1. <a href="#">Click here to enter text.</a>	1. <a href="#">Click here to enter text.</a>	1. <a href="#">Click here to enter text.</a>	1. <a href="#">Click here to enter text.</a>	1. <a href="#">Click here to enter text.</a>
2. <a href="#">Click here to enter text.</a>	2. <a href="#">Click here to enter text.</a>	2. <a href="#">Click here to enter text.</a>	2. <a href="#">Click here to enter text.</a>	2. <a href="#">Click here to enter text.</a>	2. <a href="#">Click here to enter text.</a>
3. <a href="#">Click here to enter text.</a>	3. <a href="#">Click here to enter text.</a>	3. <a href="#">Click here to enter text.</a>	3. <a href="#">Click here to enter text.</a>	3. <a href="#">Click here to enter text.</a>	3. <a href="#">Click here to enter text.</a>

Identify the preferred method of communication, for non-emergency situations

- ☐ Phone call  
☐ Text  
☐ Email  
☐ Communication book/agenda  
☐ Other; please specify: [Click here to enter text.](#)

**Designated school staff with diabetes training: (to be completed by school staff)**

- |  |  |
|--|--|
| 1. <a href="#">Click here to enter text.</a> | 4. <a href="#">Click here to enter text.</a> |
| 2. <a href="#">Click here to enter text.</a> | 5. <a href="#">Click here to enter text.</a> |
| 3. <a href="#">Click here to enter text.</a> | 6. <a href="#">Click here to enter text.</a> |

**Designated school staff with glucagon training: (to be completed by school staff)**

- |  |  |
|--|--|
| 1. <a href="#">Click here to enter text.</a> | 4. <a href="#">Click here to enter text.</a> |
| 2. <a href="#">Click here to enter text.</a> | 5. <a href="#">Click here to enter text.</a> |
| 3. <a href="#">Click here to enter text.</a> | 6. <a href="#">Click here to enter text.</a> |

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Blood Glucose Monitoring	<p><b>My child is able to self-manage his/her diabetes care and does not require school staff to participate in their day-to-day management:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If no, complete this form in full</i>  <i>If yes, complete pages 8 -11; (Hypoglycemia Emergency Care Plan and Consent sections.)</i></p> <p><b>Additional Information:</b>  <a href="#">Click here to enter text.</a></p>
	<p><b>Target blood glucose range for school:</b> <a href="#">Click here.</a> mmol/L- <a href="#">Click here</a> mmol/L</p> <p><i>Note: Blood glucose readings lower than target range requires immediate treatment. Blood glucose readings higher than target are not cause for immediate alarm. Refer to hypoglycemia and hyperglycemia sections for complete details.</i></p>
	<p><b>Preferred location for blood glucose testing:</b>  <input type="checkbox"/> Classroom/on-site wherever my child is  <input type="checkbox"/> Other: please specify <a href="#">Click here to enter text.</a></p> <p><b>Note: If hypoglycemia is suspected treat on-site wherever the student is; do not leave the student alone.</b></p>
	<p><b>My child can check blood glucose levels independently:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If no, attach step-by-step directions for using the glucose meter</i></p>
	<p><b>My child wears a continuous glucose monitor:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please provide specific instructions for staff to follow, including indications for a finger poke and steps to follow if an alarm sounds.</i>  <a href="#">Click here to enter text.</a></p>
	<p><b>My child can interpret blood glucose levels independently, and take the appropriate action:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Additional information:</b> <a href="#">Click here to enter text.</a></p> <p><i>Note: It is important that the child is taught to tell someone when they have a low blood glucose reading even if they are able to take the appropriate action.</i></p>
	<p><b>Scheduled times to check blood glucose levels during school hours:</b>  <input type="checkbox"/> Before recess  <input type="checkbox"/> Before lunch  <input type="checkbox"/> Before gym class</p>

	<input type="checkbox"/> After gym class <input type="checkbox"/> Before dismissal <input type="checkbox"/> If my child indicates that he/ she is feeling unwell and/or “different” <input type="checkbox"/> Other, please specify <a href="#">Click here to enter text.</a>
D a i l y C o m m u n i c a t i o n s	<p><b>Call parent/ guardian if:</b></p> <ul style="list-style-type: none"> <li>• My child vomits</li> <li>• My child has abdominal pain, and/or feels unwell</li> <li>• A school trip is being planned</li> </ul> <p><b>Check additional reasons, as they apply to your child:</b></p> <input type="checkbox"/> For <u>every</u> blood glucose 4mmol/L or less (or other defined low blood glucose <a href="#">Click here</a> mmol/L), following treatment (administration of fast acting carbohydrate). <input type="checkbox"/> For blood glucose levels 4mmol/L or less (or other defined low blood glucose <a href="#">Click here</a> mmol/L) that required <u>more than one treatment</u> (administration of fast acting carbohydrate). <input type="checkbox"/> If blood glucose is greater than <a href="#">Click here</a> mmol/L. <input type="checkbox"/> If my child does not complete his/her meal or snack. <input type="checkbox"/> If there are classroom events that will involve eating food. <input type="checkbox"/> Other, please specify <a href="#">Click here to enter text.</a> <p><b>Recorded blood glucose levels obtained in school must be sent home daily:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
N u t r i t i o n M a n a g e m e n t	<p><b>Note: Never withhold a child's food unless directed by the parent/guardian, even in the presence of a high blood glucose.</b></p> <p><b>My child can eat recess and lunch at regular school times:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If possible, please work with the diabetes care team to organize blood glucose testing and insulin administration times to match the school's schedule.</i></p> <p><b>If no</b>, please specify the meal and/or snack schedule your child is to follow during school hours.  <a href="#">Click here to enter text.</a></p> <p><b>My child requires a snack prior to dismissal:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes</b>, please provide the snack for your child to eat at this time.</p> <p><b>My child can count carbohydrates:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Carbohydrate counting (and portioning of food) must be done by the parent/guardian; when school staff are asked to monitor the food eaten, it is the parent's responsibility to provide the carbohydrate (carb) count for each food item in the child's lunch on a daily basis (the number may be written on the container/wrapping or written on a</i></p>

	<p>daily log sheet). School staff will add the total number of carbs consumed based on the numbers provided by the parents.</p> <p>If an entire food item was not eaten, staff will estimate the amount of carbs consumed, OR will follow these directions:  <a href="#">Click here to enter text.</a></p>
<p>A c t i v i t y P l a n</p>	<p><b>My child requires an activity snack:</b></p> <p><input type="checkbox"/> Before gym</p> <p><input type="checkbox"/> Before gym only if blood glucose is between <a href="#">Click here</a> mmol/L and <a href="#">Click here</a> mmol/L</p> <p><input type="checkbox"/> Other; please specify <a href="#">Click here</a></p> <p><input type="checkbox"/> N/A</p> <p><b>If there are special instructions related to blood glucose testing and snacks before your child participates in physical activity, please specify:</b>  <a href="#">Click here to enter text.</a></p>
<p>Ins uli n By Pu mp</p>	<p><b>Notes: There must be a designated parent/caregiver available at all times in the event school staff have questions regarding the pump, or there is a pump related issue that occurs during the school day.</b></p> <p><b>If school staff are assigned the task to participate in the operation of the pump, the pump must be programmed so that the pump calculates the dose of insulin based on the carbohydrates and/or blood glucose entered. Step by step instructions on how to administer a bolus (and corrections if applicable) must be attached to this plan. Please also refer to your school board's policy regarding the administration of medication.</b></p> <p><b>The following functions cannot be assigned to school staff:</b></p> <ul style="list-style-type: none"> <li>• <b>Overriding the insulin dose calculated by the pump.</b></li> <li>• <b>Changing the carbohydrate number from what was calculated by the parent/guardian, in order to adjust the insulin dose.</b></li> <li>• <b>Changing the settings on the pump including setting temporary basal rates.</b></li> </ul> <p><b>My child can calculate and administer the correct insulin dose independently: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p><b>If yes,</b> school staff are not required to monitor pump use. If staff become aware of related questions or concerns, parents/guardians will be notified immediately.</p> <p><b>If no,</b> check the appropriate box:</p> <p><input type="checkbox"/> My child will enter blood glucose and carbohydrate numbers and will require staff to monitor entries.</p> <p><input type="checkbox"/> Staff are required to enter blood glucose and/or carbohydrate numbers in the pump.</p>

In s u l i n b y P u m p	<p><b>Scheduled bolus times during school hours:</b></p> <p>1. <a href="#">Click here to enter text.</a></p> <p>2. <a href="#">Click here to enter text.</a></p> <p>3. <a href="#">Click here to enter text.</a></p> <p>4. <a href="#">Click here to enter text.</a></p> <p><b>Indicate the sequence for a bolus:</b></p> <p><input type="checkbox"/> Bolus, then eat</p> <p><input type="checkbox"/> Eat, then bolus</p> <p><input type="checkbox"/> Other, please specify <a href="#">Click here to enter text.</a></p>
	<p><b>Corrections will be required throughout the school day (outside of meal times):</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, indicate the blood glucose level <a href="#">Click here to enter text.</a> mmol/L</p> <p><i>Note: Corrections are to be given no closer than every 2 hours.</i></p>
	<p><b>Suspend pump if:</b></p> <p><input type="checkbox"/> My child experiences a severe low (e.g. is unconscious, unresponsive, unable to take fast-acting carbs by mouth, or is having a seizure).</p> <p><input type="checkbox"/> A mistake occurred, or was suspected during pump entry.</p> <p><input type="checkbox"/> Other, please specify: <a href="#">Click here to enter text.</a></p> <p><b>State how to suspend the insulin pump:</b></p> <p><a href="#">Click here to enter text.</a></p>
	<p><b>In the event the child's insulin pump site falls out the parent(s)/guardian(s) will be notified. In addition the following steps will occur:</b></p> <ol style="list-style-type: none"> <li>1. If the child has a new infusion set and can insert independently, staff will provide them with a clean, private place to do so.</li> <li>2. If the child has an insulin supply at school and can self-administer, the staff will provide a clean, private place to do so, as directed by the parent/guardian.</li> <li>3. If the child is without insulin for a two hour period and their blood glucose level is greater than or equal to 15 mmol/L the parent/guardian must pick their child up from school.</li> <li>4. If the child is without insulin for a two hour period, their blood glucose level is less than 15 mmol/L and they are feeling well they may stay in school and participate as normal. The parent/guardian must communicate a plan for blood glucose monitoring for the remainder of the school day, a plan for the meal /snack bolus if this is scheduled to occur during this time, as well as provide the school staff with information on dismissal routines</li> </ol>

	<p>(e.g. is the child safe to be dismissed as normal, or will someone come to the school to pick them up). If the child at any time feels unwell, the parent/guardian is expected to come to the school to pick their child up.</p> <p>5. If staff are unable to reach any of the emergency contacts, and a new infusion set is not available to be inserted or the child is unable to insert it themselves, staff will follow the actions stated for hyperglycemia in this plan, based on child's symptoms.</p>
Insulin By Injection	<p><b><i>School staff, are not to administer insulin by injection (pen or syringe). When insulin by injection is necessary during school hours and the child is not deemed independent, school staff may be assigned to double check the insulin dose dialed/drawn up by the child and/or monitor the child when they self-administer the dose. If the child is not able to self-administer insulin by injection, the parent/guardian must make an alternate plan for their child to receive insulin by injection while at school.</i></b></p> <p>My child will require scheduled insulin injections during school hours:          Yes <input type="checkbox"/> No <input type="checkbox"/> As needed <input type="checkbox"/></p> <p><b><i>If yes,</i></b> my child can self-administer insulin by injection          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b><i>If yes,</i></b> are staff required to double check the dose and witness administration?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If your child cannot self- administer insulin, please list the people who will come to the school to give the injection:</b>  <a href="#">Click here to enter text.</a></p> <p><b>My child can independently determine the dose of insulin to give daily:</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b><i>If no,</i></b> parents must determine the dose and communicate this to staff and/or the child daily. <b>This will be done by:</b></p> <p><input type="checkbox"/> Daily consultation /communication with parents  <input type="checkbox"/> Documented sliding scale</p>

☐ Other: please specify [Click here to enter text.](#)

***Hyperglycemia (High blood glucose): specific levels of concern vary by individual.  
Hyperglycemia is not always a result of extra food or poor diabetes management.***

**Common Symptoms of Hyperglycemia:**

Frequent need to void/pee  
Thirst  
Hunger  
Lethargy/feeling tired  
Blurred vision  
Irritability  
Difficulty focusing  
Abdominal pain  
Nausea  
Vomiting

**Action: Steps in Order**

1. Instruct child to test their blood glucose with their glucose meter. Supervise and support as needed
2. Call parent/guardian if blood glucose is greater or equal to:
  - ☐ 15mmol/L
  - ☐ 20mmol/L
  - ☐ Other : [Click here](#) mmol/L

**\*If directed in this plan, support the child in administering a correction.**

3. Notify parent(s)/ guardian(s) immediately if the student feels unwell and has a high blood glucose. It is the parent(s)/guardian(s)' responsibility to pick-up the child from school in this instance. If the parent/guardian or alternate emergency contacts cannot be reached and the child is vomiting, call 911.

**If the child has a high blood glucose and is feeling well, no immediate treatment is required, beyond informing parent/guardian as indicated.**

- The child may participate in class activity as normal.



H y p o g l y c e m i a	<ul style="list-style-type: none"> <li>Allow the child to drink and access the bathroom as they ask; they may be thirsty and need to urinate frequently.</li> <li>Never withhold food from the child unless directed from the parent/guardian; the child may eat their meal or snack as scheduled.</li> <li>Do not instruct the child to participate in activity for the specific purpose of lowering their blood glucose.</li> </ul>	
	<p align="center"><b><i>Hypoglycemia (Low blood glucose)</i></b></p> <p align="center"><b><i>Blood glucose 4 mmol/L or less with or without symptoms or less than 5mmol/L with symptoms.</i></b></p>	
	<p><b>Optional:</b> please indicate if a number higher than 4 mmol/L is to be considered "low" in school:  <a href="#">Click here</a> mmol/L</p>	
	<p><b>My child can recognize when he/she has low blood glucose:</b>      Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>	
H y p o g l y c e m i a	<p><b>Location of fast-acting carbohydrates in the school; check applicable boxes:</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Classroom(s) (all applicable)  <input type="checkbox"/> With the child  <input type="checkbox"/> Learning Centre         </div> <div> <input type="checkbox"/> Office  <input type="checkbox"/> Gym  <input type="checkbox"/> Music room         </div> <div> <input type="checkbox"/> Other: please specify: <a href="#">Click here to enter text.</a> </div> </div>	
	<p><b>Reminders:</b> <i>Students should never leave the classroom alone with a low blood glucose. It is recommended to treat low blood glucoses in the classroom (or on-site wherever the child is).</i></p>	
	<p><i>A supply of fast-acting carbohydrates must always be accessible; never lock these supplies in a drawer/cupboard, or store them in a location that may get locked during school hours. It is recommended to have hypoglycemic/ "low" kits that contain fast-acting carbs located in all classrooms and areas the student frequents around the school for quick, easy access (e.g. in the event of a lock-down). It is the parent /guardians responsibility to provide a supply of fast acting carbohydrates to the school</i></p>	
H y p o g l y c e m i a  E m e r g e n	<p align="center"><b><u>Mild-Moderate Hypoglycemia- Child is conscious and is able to safely swallow</u></b></p>	
	<p align="center"><b>Symptoms</b>  <i>(please check all that typically apply to your child)</i></p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Hunger  <input type="checkbox"/> Sweating  <input type="checkbox"/> Trembling, feel shaky  <input type="checkbox"/> Pale  <input type="checkbox"/> Confused  <input type="checkbox"/> Tired/lethargy  <input type="checkbox"/> Mood changes  <input type="checkbox"/> Headache  <input type="checkbox"/> Dizziness  <input type="checkbox"/> Blurred vision  <input type="checkbox"/> State their belly hurts  <input type="checkbox"/> Other <a href="#">Click here to enter text.</a> </div>	<p align="center"><b>Action: Steps in Order</b></p> <p>Instruct child to test their blood glucose with their glucometer. Supervise and support as needed. If a blood glucose reading cannot be obtained, do not delay treatment; assume the child is low based on symptoms and treat accordingly.</p> <p><b>Treatment:</b></p> <p>1. If blood glucose is 4 mmol/L or less with or without symptoms, or less than 5 mmol/L with symptoms, <u>stay with the student</u> and treat immediately with fast acting glucose in the form of:</p> <p style="padding-left: 40px;">Juice (specify amount) <a href="#">Click here to enter text.</a> mL <b>OR</b>        Dex Tabs (specify number) <a href="#">Click here to enter text.</a> tabs        Other: <a href="#">Click here to enter text.</a></p> <p align="center"><b>Note: choose only 1 selection per treatment</b></p> <ul style="list-style-type: none"> <li>Repeat the blood glucose test 10-15 minutes from the treatment time; if blood glucose remains 4 mmol/L or less with or without symptoms, or</li> </ul>

cy C ar e Pl a n		<p>less than 5 mmol/L with symptoms, <u>stay with the student</u> and repeat fast acting glucose as identified above. Continue the process until the child's blood glucose is greater than 4 mmol/L.</p> <ol style="list-style-type: none"> <li>Once the blood glucose is greater than 4 mmol/L, the child may resume normal activity and eat their meal or snack at the scheduled time unless recess or lunch is greater than 30 minutes away; in this situation give the child an extra snack immediately (extra snack for this situation is to be supplied and labelled by the parent/guardian).</li> <li>Call the parent/guardian as directed in this plan.</li> <li>Document</li> </ol>
	<p><b>Severe Hypoglycemia:</b> <i>Child is unable to swallow, is unconscious or is having a seizure.</i>  <b>This is a medical Emergency in which the student requires Emergency Health Services (911)</b>  <b>And, if indicated in this plan the administration of glucagon.</b></p>	
	<b>Symptoms</b>	<b>Action: Steps in Order</b>
	<p>Unable to swallow</p> <p>Unresponsive</p> <p>Unconscious</p> <p>Having a seizure</p>	<ol style="list-style-type: none"> <li>Place the child on their side in the recovery position and call for help.</li> <li>Call 911 (delegate if able).</li> <li>Administer glucagon if there is signed consent and as per your school board's policy. Signed consent on file <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></li> <li><u>Stay with the child</u> until paramedics arrive; keep them in the recovery position.</li> <li>Call parents/guardians (delegate if able).</li> <li>Document.</li> </ol> <p>Note: If glucagon was given, expect the child to feel nauseated and/or vomit (known side effects)</p>
Gl u c a g o n A d m i n i s	<p><b>Glucagon Administration</b></p> <p><i>Glucagon is a synthetically prepared hormone that is given by injection for severe hypoglycemia; it allows the liver to release stored glucose.</i></p>	
	<p><b>In accordance with my school board's policy and criteria for glucagon administration, in case of an emergency my child is to receive a glucagon injection by school staff:</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p><b>If yes,</b> indicate the dose of glucagon to be administered</p> <p><input type="checkbox"/> 0.5 mg (0.5 mL/half of the syringe) * if under 20kg (typically for children under 5 years old)</p> <p><input type="checkbox"/> 1.0 mg (1.0 mL/full syringe)</p>	

tr a t i o n	<p>Location of Glucagon <a href="#">Click here to enter text.</a></p> <p><i>Note: Glucagon teaching must be done in collaboration with a regulated health care professional. Instructions for administration will be provided during the training session and should be attached to this plan. The Nova Scotia Department of Education and Early Childhood Development has developed guidelines that address glucagon administration in school; if you would like staff to be trained in glucagon administration, first refer to your school board's policy to identify if training is supported, and that your child fits the criteria.</i></p>
C o n s e n t & A u t	<p align="center"><b>Parent/Guardian/Student (if appropriate) Authorization</b></p> <p align="center"><b>Re: Consent to Release Information of the Health and/or Emergency Care Plan</b></p> <p>I authorize and hereby consent for school staff to use and/or share information found on this form for purposes related to the education, health, and safety of my child. This may include but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Display of my child's photograph in hard copy or electronic format so that staff, volunteers, and school visitors will be aware of his/her medical condition.</li> <li>2. Place a copy of this plan in appropriate locations in the school including storing an electronic copy in my child's confidential record.</li> <li>3. Communication with school bus operators, or other school designated person(s) providing transportation.</li> </ol>

h o r i z a t i o n s	4. Any other circumstances that may be necessary to protect the health and safety of my child.	
	_____	_____
	<i>Date</i>	<i>Parent/Guardian Signature</i>
	_____	_____
	<i>Date</i>	<i>Student (if appropriate)</i>
	<b>Parent/Guardian/Student (if appropriate) Authorization</b>	
	<b>Re: Consent for Implementation of the Health and/or Emergency Care Plan</b>	
	I have provided the information above and agree with the identified health care needs, interventions and/or the emergency responses outlined in this plan. I am aware that school staff are not medical professionals and will perform all aspects of the plan to the best of their ability and in good faith.	
	_____	_____
	<i>Date</i>	<i>Parent/Guardian Signature</i>
_____	_____	
<i>Date</i>	<i>Student (if appropriate)</i>	
<i>Note: It is the parent(s)/guardian(s)' responsibility to notify the principal if there is a need to change the Health and/or Emergency Care Plan throughout the school year. This authorization may be cancelled upon receipt of written notification to the principal.</i>		
<b><u>Authorizations</u></b>		
_____	_____	
<i>Date</i>	<i>Regulated Health Care Professional Signature and Designation</i>	
_____	_____	
	<i>Print Name</i>	
_____	_____	
<i>Date</i>	<i>Principal</i>	
_____	_____	
	<i>Print Name</i>	
<b>Plan is effective on: (insert date)</b> _____		
<b>NOTE: Plans need to be reviewed, updated, and signed annually.</b>		