

HWDSB

Dear Parent/Guardian,

Your child has what we call a *prevalent medical condition*. In the past, you developed a Plan of Care with the principal at your child's school that provided details about your child's condition and how to manage it, what to do in the case of an emergency, a prioritized list of emergency contacts, information about medication, possibly even information about your child's health care providers, and who the Plan of Care should be shared with.

Every year the Plan of Care must be reviewed. We are asking you to review your copy of the Plan of Care and to let us know if information has changed, in which case, we will ask you to set up an appointment to go over the changes with your principal. If you are certain there are no changes required then we ask you to confirm this and we will continue using the same Plan of Care as last year.

As always, if your child's medical condition changes throughout the year, please notify the school.

Please indicate the outcome of your review of your child's Plan of Care below and return this form to the school:

- ☐ I have reviewed my copy of the Plan of Care for my child.
- ☐ I confirm that the Plan of Care is accurate and up to date, my child's medical condition has not changed and this Plan of Care should remain in place for the current school year.
- ☐ My child's medical condition *has* changed and I will make an appointment with the school to meet with the principal to create a new Plan of Care.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

If there are no changes to the Plan of Care: file original in OSR, file copies with all copies of the Plan of Care.
Securely destroy if a new Plan of Care is created.

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