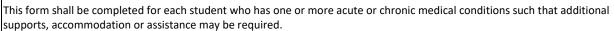
IN	DI/	\IDI	ΙΔΙ	CARE	PΙ	ΔΝ
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1	2:								
Child's Date of Birth:									
Key Parent Contact:									
Key Contact Tele	phone:								
Date Initiated:							Photo of	Child	
Date Reviewed:									
Reviewed By:									
Staff Key Contact	1.								
Classroom:	•								
	IONS: Atta	ch Relevant	Sections (as checked	to this front page. [Do not	attach sections tha	t do not apply.	
1. ALLERGIES	T	IETY ² / MH	1	ATHING ³	4: CANCER		5: DIABETES	6: DIGESTIVE ⁴	
7: HEART ⁵	8: MOE		9. SEIZU		10. SERVICE DOG		11: MEDICATIONS	12: DEVICE / TECH	
13: OTHER:			1		Date Reviewed:			<u> </u>	
	-				s due to medical/hea ble for a student to h				
not be confused wi	th, an Indi	vidualized Pro	ogram Plar	n. It is possi	ble for a student to h	nave ar	nd ICP and an IPP, or		
not be confused wind burner bu	th, an Indi	vidualized Pro	ogram Plar	n. It is possi		nave ar	nd ICP and an IPP, or		
not be confused wi	th, an Indi	vidualized Pro	ogram Plar	n. It is possi	ble for a student to h	e of the	nd ICP and an IPP, or		
DURATION: A. PERMANENT B. PERMANENT,	th, an Indi	vidualized Pro	ogram Plar oing and wil	n. It is possi	ble for a student to h	e of the	nd ICP and an IPP, or		
DURATION: A. PERMANENT B. PERMANENT, EPISODIC	th, an Indi	ndition is ongo ndition includenticipated Dura	ogram Plar oing and wil	n. It is possi	ble for a student to h	e of the	nd ICP and an IPP, or		
DURATION: A. PERMANENT B. PERMANENT, EPISODIC C. TEMPORARY	th, an India Co Co An	ndition is ongoindition include ticipated Dura	ogram Plar ping and wil es periods o	n. It is possi	ble for a student to h	e of the	nd ICP and an IPP, or	neither, or both.	
DURATION: A. PERMANENT B. PERMANENT, EPISODIC C. TEMPORARY OVERALL MEDICAL	Co Co An SEVERITY	ndition is ongo ndition include ticipated Dura :	ogram Plar ping and wil es periods o ation: MODERA	n. It is possi	ble for a student to h	e of the	eir academic career.	neither, or both.	
DURATION: A. PERMANENT B. PERMANENT, EPISODIC C. TEMPORARY OVERALL MEDICAL MILD. Few to no a	Co Co An SEVERITY accommoda	ndition is ongoindition include ticipated Dura: ations. NS IN PLACE	ogram Plar ping and wil es periods o ation: MODERA	n. It is possi	ble for a student to h	e of the To:	eir academic career.	neither, or both.	
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¹ The staff member assigned as the most responsible person for this student's well-being.

² Clinically diagnosed Anxiety Disorder for which a remediation plan is required; Mental Health (MH) concerns present.

³ Includes respiratory challenges (i.e. Asthma, Cystic Fibrosis).

⁴ Includes Inflammatory Bowel Diseases (i.e. Crohn's & Colitis, Celiac).

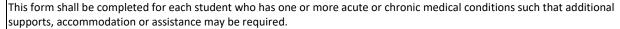
⁵ Includes heart and blood vessel concerns (i.e. Anemia, Hemophilia, Postural Orthostatic Tachycardia)

⁶ Includes Arthritis and Rheumatologic Conditions: (i.e. Fibromyalgia, Henoch-Schonlein Pupura (HSP), Lupus). Also includes bone and muscle concerns (i.e. Scoliosis, Muscular Dystrophy).

⁷ Epilepsy and Seizure Disorders.

⁸ An Individual Care Plan is NOT an Individual Program Plan (IPP) but should inform decisions made on a student's IPP.

INDIVIDUAL CARE PLAN





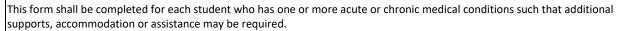
Contact this person First	C	onta	ct t	his	pers	on	First
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Name:		Home:	
Relationship:		Work:	
Can pick up / rei	move from school? [Yes] [No]	Cell:	
Contact this pers	on Second:		
Name:		Home:	
Relationship:		Work:	
Can pick up / rei	move from school? [Yes] [No]	Cell:	
Contact this pers	on Third:		
Name:		Home:	
Relationship:		Work:	
Can pick up / rei	move from school? [Yes] [No]	Cell:	
Contact this pers	on Fourth:		
Name:		Home:	
Relationship:		Work:	
Can pick up / rei	move from school? [Yes] [No]	Cell:	
Student's Primary	Home Address		
Student's Alterna	te Address (i.e. based on Custody Agreement)		
Days / Times at	this address:		
Other Relevant In	formation:		

Privacy Disclosure: We are collecting personal medical information about your child to determine how best to meet your child's specific personal care requirements. Information collected is provided to appropriate staff on a need-to-know basis, and to people who are working with your child and providing care. All information collected will be held pursuant to the *Education Act* and accompanying regulations. We will not disclose, to any other person or organization, except as authorized by the Freedom of Information and Protection of Privacy Act. Should you have questions about the collection and use of this information, please contact your child's Principal or the Director of Student Services at Parkland School Division (780) 963-4010.

THESE FIRST PAGES (CONTACT INFORMATION) MUST BE ATTACHED TO ANY RELEVANT SECTIONS (BELOW)

11. MEDICATIONS





Is it the student's responsibility to come to receive medication?						Yes		
Medication:								
Medication is to be:	☐ Administered only by staff member					Administered		
☐ Used when the following symptoms appear:								
Start/End of Prescription:								
Dosage Schedule:								
Person responsible for administering medicine:		Alternate Person:						
Location of Storage:								
☐ Attach a copy of the child's prescription to this form.								
	☐ Attach pharmacist p	orintout of side-e	ffects if any.					
administer the medication training or limited training the Principal of any change form for new medication, caccept responsibility to ensiny request the principal or principal and/or designate, from the administration of	as prescribed. I make this require the administration of the mass in the administration of the mass in the administration of the above for for an alteration to the above sure the safe transportation of a designate has been authorized, my child's school, and Parklar the prescribed medication, and kland School Division from all contacts.	uest in the know edication. I ack medication. I ac re, must be com these medicati d to administer nd School Division d I hereby agre	vledge that school nowledge that it knowledge that a upleted and given ons to the school the prescribed non from any clain e to indemnify an	ol person is my re any new Into the I I. I herel nedicati In for han	nnel have no sponsibility to request/aut principal. In a by acknowled on. I hereby rmful effects	special o inform chorization addition, I dge that at release the resulting		
Don't let	CK Barrary the Barrary		Cincolner CV	. D	-l- Dt			

COMPLETE A SEPARATE FORM FOR EACH MEDICATION