



HURON-PERTH CATHOLIC

District School Board

School Plan of Care

Student:

Date:

School:

Class/Grade:

Teacher(s):

Reason for Plan of Care (medical condition):

Parent/Guardian Contact Information:

Mother (Guardian):	Father (Guardian):
Home:	Home:
Cell:	Cell:
Work:	Work:

Refer to the accompanying 3D:4 Students With a Prevalent Medical Condition Procedures Manual when completing this form.

Routine Care

Signs & Symptoms	Required Action	Person(s) Responsible

Emergency Care

Signs & Symptoms	Required Action	Person(s) Responsible

Additional Notes, including accommodations required for field trips, team sports:

