



**HEART CONDITION
PACKAGE
FOR
PARENTS/GUARDIANS**

ELEMENTARY/SECONDARY

2015

HEART CONDITION PROTOCOL
PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES

Halton Catholic District School Board has developed a Heart Condition Protocol for school sites to manage and accommodate students diagnosed with a heart condition (congenital heart disease – cardiac rhythm disorder.)

Access to the HCDSB Heart Condition Protocol:

www.hcdsb.org + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Heart Conditions

Role of the school:

To offer a safe and nurturing learning environment by providing assistance and accommodations to the student in managing his/her heart condition in the school setting and at off-site school activities.

Role of Parents/Guardians:

In order for the school to provide a safe and nurturing learning environment for your child and to act in the best interest of your child we invite and welcome your cooperation and support by implementing the following:

- Read the content of the Parent/Guardian Package.
- Complete the following forms:**
 - **STUDENT HEART CONDITION MANAGEMENT PLAN (see attached).**
Complete the attached Student Heart Condition Management form and submit to the school administrator/designate during the last week of August or on the date as requested by school administrator.
 - **MEDICATION FORM:**
If your child is to take prescription medication during the school day, please complete the HCDSB Request and Consent for the Administration of Prescribed Medication.

For accommodations and/or medications to be administered by school staff forms must be completed and submitted to the school administrator/designate during the last week of August or on the date as requested by the school administrator.

COMMUNICATE WITH PRINCIPAL AND CHILD'S TEACHER:

It is important for you to inform the school administrator and your child/youth's teacher about your child's heart condition in developing your child's Heart Condition Management Plan. Your input is valuable in providing a safe learning environment for physical activities and field trip accommodations.

- Parents are responsible to keep school up to date with changes to contact information, medication or medical condition diagnosis as soon as reasonably possible.

Procedures:

Changes to contact information e.g. contact person and/or contact number:

- Provide school administrator/designate in writing the name(s) of person along with contact number.

Changes to medication:

- Provide school administrator/designate the completed HCDSB Request and Consent for the Administration of Prescribed Medication. Form can be accessed through school administrator.

Changes to medical diagnosis:

- Provide school administrator/designate a completed copy of the HCDSB Change of Medical Diagnosis Form. Form can be accessed through school administrator.

Note: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

Parents/guardians with a child graduating to secondary school:

You will receive from your elementary school, in June, a recent copy of your child's Student Heart Condition Management Plan. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.

- Consider providing a MedicAlert bracelet or necklace for your child. The form can be obtained by calling 1-800-668 1507 or visit www.medicalert.ca

STUDENT RESPONSIBILITIES

Parents are requested to review the following student responsibilities with their child.

- Take home and return to school all information and forms related to your medical condition.
- School staff are aware of your heart condition and are they to support and assist you. Cooperate with assistance and accommodations that are being offered.
- Take medication as prescribed by doctor. Inform parents when medication is missed.
- Advocate for yourself. Express concerns or feelings about your situation. Inform teacher if you are being teased or bullied.
- When you are feeling unwell, never remove yourself to a secluded area, or go off to be by yourself (e.g. washroom). Tell a teacher or classmate that you are having difficulty and need help

HEART CONDITION MANAGEMENT PLAN

Student: _____

Teacher: _____

Doctor/Cardiologist _____

Student photo

HEART CONDITION: _____

MEDICATION TO BE TAKEN AT SCHOOL:

List any side effects to learning/activity:

STUDENT MANAGEMENT PLAN: - (Doctors Recommendations)

Physical Activity Recommendations:

EMERGENCY TREATMENT PLAN:

When to call 911:

Emergency Contact: List order to call 1-2-3:

___ Mother's Name _____ Contact Number _____

___ Father's Name _____ Contact Number _____

___ Emergency Contact Name _____ Contact Number _____

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information please contact the Principal of your child's school.