APPENDIX A

Niagara Catholic Student Asthma Management Plan of Care



Personal information on this form is being collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Heath Information protection Act (PHIPA). The purpose of this collection is to develop a personalized student Asthma Management Plan of Care. Questions about this collection should be directed to the Superintendent of Education, Safe and Accepting Schools, Niagara Catholic

Place Student Photo	Management Plan of Care. Questions about		purpuse of in its culticular's to develop a person, intendent of Education, Safe and Accepting Sci C 7C1 Telephone (905) 735-0240.		
Here	Name of Student:		D. (N	O.B.: MM/DD/YEAR)	
	Name of Teacher:		Gr	rade:	
Emergency Contact	Information (List in prio	ority of contact)			
Name		Relationship	Daytime Phone	Alternate Phone	
1.					
2.					
3.					
Anaphylaxis (specify a	es (specify)	□			
nstructions/Dosage:			Expiry Date	Expiry Date:	
Name of Physician:			Phone No.	Phone No.	
Signature of Physician:			Date:		
PARENT/GUARDIANCON	confirm tl	hat my child			
(Print Name	e)	,	(Print Name of	of Student)	

is responsible and has permission to carry their reliever inhaler at all times including outdoor activities and field trips.

Please Check One:				
Student will be responsible to carry and administer their own reliever inhaler.				
Student requires assistance to use their reliever inhaler. Make sure it is readi	ly accessibility by teacher/supervisor.			
Signature of Parent/Guardian:	Date:			