East Central Catholic Schools

# Student Care Plan

This plan must be accompanied by a signed **Form 323-1 Personal Care Authorization and Informed Consent.**

**Form 323-1 Personal Care Authorization and Informed Consent** and **Form 323-2 Student Personal Care Plan** completed documents will be stored by the principal in accordance with the Freedom of Information document, named as the original forms are named.

**Student Information**

Student Name:_____ Grade:_____

Date of Birth:_____ School:_____

Address:_____

(Complete home address, including postal code)

**Parent/Guardian Information**

| | |
|---|---|
| _____ | _____ |
| Parent/Guardian Name (print) | Parent/Guardian Name (print) |
| _____ | _____ |
| Parent Contact Number | Parent Contact Number |
| _____ | _____ |
| Parent email | Parent email |

**Section 1 – Student Personal Care Information**

To be filled out collaboratively by Parent/Guardian, Student (as appropriate) and School.

Description of Personal Care Required:

Purpose of Personal Care:

Agreed upon Personal Care:

Agreed upon terminology (what child is familiar with at home/what is appropriate for school use)

Related instruction regarding care:

Agreed upon frequency for personal care:

Personal Care items parents must provide:

What to do if student refuses personal care:

Termination Date of Personal Care:  Year/Month/Date or Ongoing:

Plan for off-site field trips (if applicable):

**Section 2 – Student Personal Care Plan Information**

To be filled out by the school

Location(s) personal care will be provided:

Location(s) where personal care supplies are kept:

Staff members trained to provided described personal care:

Alternate staff members:

Method of documentation:

Notes:

## Section 3 – Approval of Student Personal Care Plan

| | |
|---|---|
| Parent/Guardian Name (print) | Parent/Guardian Name (print) |
| Parent/Guardian Signature | Parent/Guardian Signature |
| Date | Date |
| Teacher Name (print) | Principal Name (print) |
| Teacher Signature | Principal Signature |
| Date | Date |

*The information on this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act, under the authority of The Education Act, and East Central Catholic School Division policies and procedures. If you have any questions about the collection, use, or disclosure of this information, please contact the East Central Catholic School Division FOIP Coordinator at 780-842-3992*