



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 personal and health-related information collected on this Student Care Plan is collected pursuant to the Education Act (Student Record Regulation), section 4(c) of Alberta's Protection of Privacy Act and protected in accordance with Section 10 and used and disclosed in accordance with Sections 12 and 13 of the Act, and Section 23 of the Canadian Charter of Rights and Freedoms. This personal information (including student identity, medical conditions, health history, emergency contact details, and care instructions) is collected to directly support, plan, deliver, manage, and monitor individualized student care, medical support, emergency response, and educational accommodations. Information acquired through this form will only be accessed by authorized school authorities (e.g., school administrators, teachers, educational assistants, and school health support personnel) who require the information to perform their duties and maintain student safety. Information is kept secure, and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or East Central Alberta Catholic Schools Privacy and Access Officer at [\(780\) 842-3992](tel:780-842-3992).