



Northeastern Catholic District School Board

STUDENT HEALTH PLAN	
STUDENT INFORMATION	
Student Name:	School:
Student Age:	School Year:
Student Grade:	Exceptionality (if any):
Health / Medical Condition	
Provision of Care	
Location of Supplies & Equipment	
Daily Instructions & Communications	
Emergency Situations	

Toileting	
Toileting Support is required for this student: ☐ Yes ☐ No	
Level of Toileting Assistance Required: ☐ Full Physical Assistance (lifting, transferring, full hygiene care, staff performs all steps) ☐ Partial Physical Assistance (support with buttons, zippers, assistance with wiping or hygiene) ☐ With Supervision (adult supervision for safety, prompting)	
Additional Information: 	
Acknowledgment	
I have read and understand my child's Health Care Plan. I agree with what is outlined and understand that school staff will follow these steps to help keep my child safe and cared for during the school day.	
Parent's Signature:	Date:
Principal's Signature:	Date:

**Note to School: A copy of this plan must be stored in the Emergency Preparedness Binder.
The original is filed in the OSR, and a copy is distributed to the parents.**