

## Appendix 1:

## DIABETES PLAN of CARE

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

*Please ensure that this form is filled out legibly and kept up-to-date*

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardians: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

I/we authorize this DIABETES PLAN OF CARE to be shared with school staff, occasional staff, volunteers, and disclosed to bus contractors, bus drivers and Student Transportation of Eastern Ontario (STEO), for the purpose of implementing my child's Plan of Care. I agree that the school may post my child's picture and implement emergency measures as outlined.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- I do NOT consent to information about my child's prevalent medical condition being shared with students to assist in the education and monitoring of my child's condition.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Implementation of Plan of Care:**

A copy of the Plan of Care can be located in the School Office. Emergency Protocols for the Plan of Care shall be posted as indicated below:

- school office
- staff room
- gymnasium/homeroom
- classroom/homeroom
- cafeteria

Consultation and a review of the Plan of Care took place with the parent/guardian and student (as appropriate) on:

Date: \_\_\_\_\_

Review of the Plan of Care took place with the homeroom/classroom teacher school, staff, and volunteers on:

Date: \_\_\_\_\_

Review of the Plan of Care took place with and transportation provider on:

Date: \_\_\_\_\_

Plan of Care must be reviewed on or before:

Date: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Appendix 1:

# DIABETES PLAN of CARE CONTINUED...

STUDENT: \_\_\_\_\_

CLASSROOM/HOMEROOM TEACHER: \_\_\_\_\_

Possible Symptoms of Low Blood Sugar in Diabetics:

\*\*More likely when activity changes (field trip or track meet etc.) or if meal time is missed or schedule changes

• Confusion	• Shakes	• Crying	• Increased heart rate
• Trembling	• Hunger	• Feeling low	• Numbness / tingling of tongue or lips
• Headache	• Withdrawn/ quiet	• Pale	
• Sweating	• Weak/drowsy	• Irritable/ anxious	• Nauseated

Possible Symptoms of High Blood Sugar in Diabetics:

\*\*More rare

• increased thirst	• Increased urination	• Feeling unwell
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Staff of the Upper Canada District School Board will not administer regularly required insulin injections. They will support all students in developing protocols and habits for monitoring their insulin levels on a regular basis. If a student requires an emergency administration, please refer to Appendices 1, 3 and 4 for Emergency response protocols.

ROUTINE	MANAGEMENT
<p><b>1. BLOOD SUGAR CHECKING</b></p> <p><input type="checkbox"/> My child can independently check blood sugar/read meter</p> <p><input type="checkbox"/> My child needs supervision to check blood sugar/read meter</p>	<p>Parent please check appropriate <i>routine</i> blood sugar checking times:</p> <p><b>Balanced Day:</b></p> <p>Before 1<sup>st</sup> nutritional break <input type="checkbox"/> Before 2<sup>nd</sup> nutritional break <input type="checkbox"/></p> <p><b>Regular Day:</b></p> <p>Before morning break <input type="checkbox"/> Before lunch <input type="checkbox"/> Before afternoon break <input type="checkbox"/></p> <p>Healthy blood sugar range: _____</p> <p>Call parent if blood sugar: _____</p>
<p><b>2. NUTRITION BREAKS</b></p>	<ul style="list-style-type: none"> <li>• Student must be able to eat on time</li> <li>• Student must be able to eat <u>all of the required food</u> prepared by parent at each break</li> <li>• Supervision may be required.</li> </ul> <p>Communication with the parent if the child does not eat required food is important</p>
<p><b>1. INSULIN</b></p> <p><input type="checkbox"/> My child does not take an insulin injection at school</p> <p><input type="checkbox"/> My child takes insulin by injection at school</p> <p><input type="checkbox"/> by injection</p> <p><input type="checkbox"/> by insulin pump</p> <p><input type="checkbox"/> Insulin is given by:</p> <p><input type="checkbox"/> child</p> <p><input type="checkbox"/> parent</p>	<p>Insulin by injection/insulin pump to be administered at the following times:</p> <p><b>Balanced Day:</b></p> <p>Before 1<sup>st</sup> nutritional break <input type="checkbox"/> Before 2<sup>nd</sup> nutritional break <input type="checkbox"/></p> <p><b>Regular Day:</b></p> <p>Before morning break <input type="checkbox"/> Before lunch <input type="checkbox"/> Before afternoon break <input type="checkbox"/></p>

<p><b>2. EXERCISE PLAN</b> (To help prevent a low blood sugar)</p>	<p>Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e. take juice):</p> <p>Before exercise: _____</p> <p>During exercise: _____</p> <p>After exercise: _____</p>
<p><b>3. ILLNESS</b></p>	<p>Call the parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS, student has Type I diabetes.</p>
<p><b>4. SUPPLIES</b></p>	<p><input type="checkbox"/> Fast acting sugar, carbohydrate snack in emergency – “low kit”</p> <p><input type="checkbox"/> Blood glucose meter and test strips, lancets</p> <p><input type="checkbox"/> Insulin pen, pen needles or syringe, insulin (in case of pump failure)</p> <p>Location: _____</p> <p>o Supplies shall be discarded</p> <p>Location: _____</p>
<p><b>5. LOCATION OF MANAGEMENT</b></p>	<p>The student’s diabetes monitoring and management shall take place:</p> <p>Location: _____</p>
<p><b>6. LOCATION OF POSTING</b></p>	<p>Plan of Care shall be posted in classroom(s):</p> <p>List: _____</p> <p>List: _____</p> <p>List: _____</p> <p>List: _____</p> <p>List: _____</p> <p><b>EMERGENCY PROTOCOL</b> shall be posted in the staff room, office area; cafeteria; &amp; classroom(s)</p> <p>Number of Postings: _____</p>
<p><b>7. STUDENT FILE</b></p>	<p>Location of student’s Diabetes Plan of Care and supporting documents shall be located in the office area and accessible to the principal/designated. Once student is no longer attending the School, the file shall be confidentially disposed.</p>

**Parent/Guardian/Emergency Contacts (Prioritize calls #1, #2, #3, ...)**

	<b>First Name</b>	<b>Last Name</b>	<b>Relationship</b>	<b>Home</b>	<b>Work</b>	<b>Cell #</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						

**EMERGENCY PROTOCOL DIABETES PLAN OF CARE  
HYPERGLYCEMIA (HIGH BLOOD SUGAR) EMERGENCY**

Insert Student  
Photo here

Student Name: \_\_\_\_\_  
Last Name
First Name

Classroom/Homeroom Teacher(s) \_\_\_\_\_

Child Wears Medical Bracelet:     YES             NO

**SIGNS AND SYMPTOMS OF HIGH BLOOD SUGAR ARE:**

Increased Thirst	Dry Mouth	Frequent urge to urinate
Tiredness/weakness	Difficulty concentrating	Mood Swings
Other (Please specify):		

If the student exhibits any of the above symptoms

Ask the student to check their blood sugar

If blood glucose is greater than \_\_\_\_\_ notify parent

If unable to check blood sugar remain with student and call parent.

**ACTION**

Provide extra water

Allow student to have open bathroom privileges

Encourage student to exercise for 20 to 30 minutes if able.

**WHEN TO CALL 911**

**Symptoms of Hyperglycemia Emergency:**

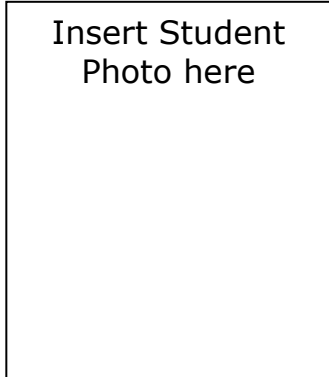
**Extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy.**

**TREATMENT: CALL 911**

**I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**EMERGENCY PROTOCOL DIABETES PLAN OF CARE  
HYPOGLYCEMIA (LOW BLOOD SUGAR) EMERGENCY**



Student Name: \_\_\_\_\_  
Last Name
First Name

Classroom/Homeroom Teacher(s) \_\_\_\_\_

Child Wears Medical Bracelet:     YES                       NO

**SIGNS AND SYMPTOMS OF A LOW BLOOD SUGAR ARE:**

<b>Sweating</b>	<b>Trembling</b>	<b>Dizziness</b>
<b>Mood changes</b>	<b>Hunger</b>	<b>Headaches</b>
<b>Blurred Vision</b>	<b>Extreme Tiredness/Paleness</b>	
<b>Other (Please specify):</b>		

**If the student exhibits any of the above symptoms or feels unwell, looks unwell or says they are "low"**

**DO NOT LEAVE THE STUDENT ALONE  
DO NOT ALLOW THE STUDENT TO USE THE STAIRS**

**ACTION**

Ask the student to check their blood sugar  
**If blood glucose is below 4.0 on the meter, GIVE FAST ACTING SUGAR IMMEDIATELY**  
**3 glucose or 6 oz (175 ml) of juice/pop (not diet)**  
**5-6 lifesavers OR \_\_\_\_\_**

**IF UNABLE TO CHECK BLOOD SUGAR – PROVIDE FAST ACTING SUGAR (see above)**  
**WAIT 15 MINUTES – REPEAT BLOOD SUGAR CHECK**

**If blood sugar is still 4.0, repeat above action and CALL PARENT**  
**If blood sugar is above 4.0 and next meal/snack is greater than 1 hour away, follow up with a snack (provided by parent), otherwise no further action required.**

**WHEN TO CALL 911**

<b>If a student is unresponsive, unconscious, having a seizure</b>	<b>If a student is unwell/vomiting</b>
<ol style="list-style-type: none"> <li><b>1. Roll student on their side</b></li> <li><b>2. Call 911</b></li> <li><b>3. Inform EMS student has Type 1 diabetes</b></li> <li><b>4. Notify parent</b></li> </ol> <b>DO NOT GIVE FOOD OR DRINK</b>	<ol style="list-style-type: none"> <li><b>1. Notify parents</b></li> <li><b>2. Call 9-1-1 (if unable to contact parents)</b></li> <li><b>3. Inform EMS student has Type 1 diabetes</b></li> </ol>

**I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

## Appendix 2: **TRANSPORTATION GUIDELINES for DIABETES PLAN OF CARE**

The Upper Canada District School Board (UCDSB) and the Student Transportation of Eastern Ontario (STEO) recognizes the possible need for assistance by school bus drivers to identified students living with diabetes experiencing symptoms of a diabetic reaction:

1. When a student has been identified as having diabetes, schools/principals shall:
  - a. Submit three (3) copies of STEO Life Threatening Emergency Medical Form, for those students being transported by the Student Transportation of Eastern Ontario (STEO), to the Student Transportation of Eastern Ontario within ten school days from the start of each school year; and
  - b. Resubmit three (3) copies of STEO Life Threatening Emergency Medical Form if there is a change in the student's bus route number.
2. At the beginning of each school year bus drivers will be invited and encouraged to attend the staff training sessions on diabetes.
3. The General Manager (or designate) of the Student Transportation of Eastern Ontario (STEO) will annually identify, by bus route number and school, students with diabetes.
4. If a replacement driver operates a route carrying an identified student with diabetes, or any other life-threatening medical condition that has been documented on a STEO Life-Threatening Emergency Medical Form, the dispatcher must ensure that the replacement driver is aware of the student.

If an identified student living with diabetes appears to be experiencing symptoms of an insulin reaction:

- a) The school bus driver should:
  - a. Secure the vehicle
  - b. Secure the passengers
  - c. Assist the student living with diabetes to administer emergency treatment, for example, sugar, fruit juice, regular pop or glucose tabs. The school bus driver is not required to administer a hypodermic needing i.e. containing insulin or glucagons.
  - d. Notify the dispatcher of the need for additional assistance;
  - e. Monitor student and await the arrival of emergency response personnel;
  - f. Complete and submit a report to Student Transportation of Eastern Ontario detailing the incident.
- b) The dispatcher should:
  - a. Confirm with the school bus driver the location and time of the incident
  - b. Advise Emergency 911, the school principal and the General Manager (or designate) of Student Transportation of Eastern Ontario (STEO) of the incident;
  - c. Remain in constant contact with Emergency 911 personnel and the school bus driver.
- c) The school principal/designate should:
  - a. Contact the student's parent/guardian/emergency contact

## Appendix 3: **CREATING SAFE & HEALTHY SCHOOLS FOR STUDENTS LIVING WITH DIABETES**

Parents, guardians and school staff have the responsibility for creating a safe and caring learning environment for students with diabetes. This responsibility is impacted by legislation, school organization, student enrolment and the number of students living with diabetes in the school.

The purpose of these guidelines is to provide staff with information about diabetes and how it affects the learning environments of students. Although the major responsibility falls on the parents/guardians for specific information about any concerns related to their child's health and how it may affect the learning environment, it is important to recognize that communication between staff, child and parents/guardians is of major value.

While it is impossible to create a risk-free environment, school staff, students and parents/guardians can take important steps to assist in creating a safer learning environment. Accurate and up-to-date information, protocols, staff education and parental support are essential. This would necessitate co-operation for taking realistic and practical actions supported by everyone involved.

**The Upper Canada District School Board also supports teaching students about prevalent medical conditions and the signs of emergency for a particular student (with parental/student consent). Learning about prevalent medical conditions destigmatizes conditions and assists in emergency response.**

Diabetes Mellitus, also known as Type I or Juvenile Diabetes, results from the inability of the pancreas to produce insulin. It is not the same as Type II and the treatment protocol is different.

Insulin is a hormone which is essential for processing glucose in the body. When insulin is present, glucose is stored in body tissue and later used for energy. Lack of insulin causes glucose to remain in the blood, eventually spilling into the urine. Since insulin cannot be produced by someone who is diabetic, it must be injected. Daily injections of insulin by either a syringe or a pump means a person living with diabetes can live a normal life.

Although at present the cause of diabetes in children is not known, the condition is considered to be non-infectious. There is no cure. The treatment for diabetes requires a balancing of food, insulin and exercise. With the help of a physician, a dietician and a nurse, each person adapts general guidelines to the specific needs of their daily routine.

It is recognized that these guidelines are subject to change whenever additional information is made available concerning diabetes.

When a student has been identified as having diabetes, schools/principals should:

### **Create a safer school environment by:**

- ✓ Ensuring that instructions from the student's parents/guardians are collected, updated, received, reviewed and discussed annually and/or as required, with parents/guardians, teachers and support staff of the student living with diabetes and that specific instructions regarding action in case of hypoglycemia or hyperglycemia are readily available and easily complied with;
- ✓ Working in co-operation with the students and parents/guardians to ensure that emergency and other essential supplies and equipment are labeled with the student's name and are kept accessible in locations known to the student and staff, and are replaced prior to expiration or as soon as they have been depleted.
- ✓ Generating annually, a list of identified students living with diabetes and reviewing with all school staff, especially homeroom, physical education and occasional staff. This list should be posted with a picture of the students, in appropriate staff areas.
- ✓ Forwarding appropriate information pertaining to identified students living with diabetes transported by school bus to the Student Transportation of Eastern Ontario (STEO) (to be shared with the school bus carriers; and
- ✓ Ensuring, where possible, in consultation with the parents/guardians of the student living with diabetes and the student, that staff and students (with consent) receive training in the following:
  - Students living with diabetes and the impact on the learning environment
  - General information on diabetes and how insulin works; recognition of the signs and symptoms for hypoglycemia and hyperglycemia; and glucose monitoring;
  - The need to alert parents/guardians of class activities and schedule changes well in advance (at least two days in advance to make appropriate adjustments to insulin and diet)
  - The need to ensure occasional staff are made aware of the student's needs;
  - Actions to be taken when diabetes symptoms arise with the student (sugar intake, call 911, communication between school and parents/guardians, do not leave student alone)
  - Post incident review (possible cause of symptoms)
  - The requirement for a clean, private location appropriate to the student's needs to perform blood tests and injections



- The requires for students living with diabetes to have ready access to food and water as required, and to make frequent trips to the washroom;
  - Blood sugar level imbalances may cause inappropriate behaviours
- ✓ Training sessions will be held annually, as early as possible in the school year or where students living with diabetes become diagnosed or register after the start of the school year, if will be given as soon as possible. Principals should contact local health care providers to provide staff training.

**Create safer classrooms where:**

- ✓ Homeroom teacher makes the class aware of diabetes and how to help students living with diabetes
- ✓ Teacher day-books provide clear information for occasional staff
- ✓ Information and instructions are clearly posted in the classroom
- ✓ Snacks and emergency supplies, provided by parent/guardian, are in an easily accessible location known by the teacher, students and all staff (including occasional staff) in the classroom
- ✓ Teachers/supervisors are aware of the dietary, medical and physical needs of students living with diabetes so that:
  - no sharing of food occurs
  - sufficient time is provided for the student living with diabetes to finish lunch and snacks
  - proper monitoring of food intake occurs, especially around lunch and lunch monitors
  - other students do not force the student with diabetes to eat extra or sugary items
- ✓ All group consumption of foods is discussed with the parents/guardians so dietary, medical and physical adjustments may be made for the student living with diabetes, and
- ✓ there is appropriate information/training for all students/ volunteers who may assist in supervision of students

**Create safer conditions outside the classroom where:**

- ✓ Plans are in place to ensure safe field trips or co-instructional activities. For example, a cellular phone, emergency supplies and snacks should accompany supervisors on field trips.
- ✓ Plans are in place to ensure appropriate supervision during recess. For example, all yard staff will carry radios or another reliable communication device and snacks during recess and outdoor classroom excursions
- ✓ Plans, procedures and concerns relative to the student living with diabetes are reviewed with all supervisors, staff and parents/guardians before a field trip or excursion. Parents/guardians are urged to volunteer or designate a knowledgeable volunteer to assist/monitor the student living with diabetes, particularly on extended field trips.
- ✓ Permission forms for off-site activities include information on the dietary, medical and physical needs of the student
- ✓ Arrangements are made for a buddy system during recess, on the school bus and on field trips.

**General Recommendations**

School staff should be encouraged to listen to the student. Many students living with diabetes are often aware of symptoms of potential problems. Early awareness of the signs, symptoms and treatment for a potential case of hyperglycemia or hypoglycemia can prevent more serious symptoms from occurring. Immediate action is essential.

It should be remembered that the needs of each student living with diabetes can be different. Staff should be sensitive to the needs of the student and should be aware of the signs and symptoms and any unusual behavior of the student, which may be associated with a diabetic incident.

- ✓ It is strongly recommended that a meeting between parent/guardian and teacher occur prior to the first day of school
- ✓ It is strongly recommended that the student living with diabetes learn to take responsibility for his or her own well-being, and communicate his or her needs to the school staff. It is understood that diabetes is a serious condition with a rigorous treatment schedule that may be complicated for young students to command, depending on their developmental level. The level of the student’s awareness of diabetes signs, symptoms and treatment should be reviewed with the parent/guardian and student, and where necessary, steps should be taken to further develop the child’s awareness and understanding of the condition.
- ✓ It is recommended that parents/guardians be urged to comply with the “Responsibilities of Parents/Guardians and Students” as outlined below.
- ✓ It is recommended that a compatible relationship is created between the parent(s), principal and teachers so that concerns can be dealt with as they arise.

### **General Recommendations for Intermediate and Secondary Schools:**

School staff, parents/guardians and students are responsible for creating safe and healthy learning environments within the limits created by legislation, schools organizations and available staff. School staff, parents/guardians and students can take important precautions to attempt to minimize the issues created by diabetes. School staff can communicate their willingness to help while respecting the student's privacy.

The combination of the adolescents' desire to be like everyone else and the belief that they are invincible increases the risk. It should be emphasized that speaking up immediately will enable staff to adjust to the needs of the student. Staff should recommend that the student select a classmate who will be advised if a reaction is occurring and get help if necessary. **A student who is showing signs and symptoms of a hyperglycemic or hypoglycemic reaction should never be left alone.**

Students living with diabetes need to know they have the support of the school staff. All concerns should be taken seriously. Even though a few students may use their condition as an excuse to get out of schoolwork it is best assumed that students living with diabetes will not tell staff of imagined symptoms. Staff should err on the side of safety. When a student living with diabetes, it should be ensured that at least one staff member has training with regard to the needs of students living with diabetes. The parents/guardians of the student should be involved if possible so that any insight can be gained about any special concerns.

When a student has been identified as having diabetes, schools/principals should:

- ✓ Remind students and parents/guardians early in the school year about the need to provide the office with updated information about the diabetic concerns of the student;
- ✓ Generate annually a list of identified students with diabetes and review with school staff and parents/guardians to ensure accuracy of information;
- ✓ Forward appropriate information pertaining to identified students living with diabetes transported by school bus to the Student Transportation of Eastern Ontario (STEO) to be shared with the school bus carrier(s);
- ✓ In consultations with student and parent/guardians, ensure that all staff, including office and custodial staff members, receive appropriate training which includes:
  - An understanding of diabetes
  - Recognition of causes, signs and symptoms of hypoglycemia or hyperglycemia
  - Emergency plan
  - Post-incident review plan.

### **Responsibilities of Parents/Guardians of a Student Living with Diabetes**

- ✓ Inform the principal and teacher that the student is living with diabetes;
- ✓ Provide all necessary documentation and/or forms;
- ✓ Encourage the student to wear diabetes identification (e.g. Medic Alert) at all times;
- ✓ Provide support to the school and teachers as requested (e.g. accompany student on field trips)
- ✓ Assist in communication plans for school activities
- ✓ Teach the student:
  - To recognize the first symptoms of a potential insulin reaction,
  - To communicate clearly to a responsible adult when the student feels an insulin reaction beginning
  - Depending on the child's age and ability, and the parent/guardian's input, to take appropriate levels of responsibility for his/her own safety;
- ✓ Take responsibility for making treatment decisions based on glucose level monitoring and results;
- ✓ Inform the schools of the extent of child's involvement in and responsibility for their own diabetic management (including recognition of signs and symptoms, self-monitoring of glucose level results, and treatment decisions);
- ✓ Provide clear guidelines for the treatment of signs of high or low blood sugar levels;
- ✓ Review emergency protocols for treating low and high blood glucose annually and as needed with school personnel;
- ✓ Provide extra snack items and a supply of fast-acting sources of sugar at the school, labeled with the child's name, stored in several locations in the school, and replenished when used or expired

### **Responsibilities of Students Living with Diabetes**

- ✓ Depending on the age and ability of the student and parent/guardian input, the student should take as much responsibility as possible to monitor and treat the signs and symptoms of diabetes;
- ✓ Learn to recognize the signs and symptoms of a diabetic reaction and inform/seek assistance of staff immediately
- ✓ Wear a MedicAlert bracelet to identify condition to others.

## Appendix 4



# Consent to Obtain and/or Release Information

The collection, use and disclosure and retention of personal information including personal health information is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, RS) 1990, c.M.56, and *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A and shall be used for the purpose of implementing a Plan of Care in accordance with the *Education Act* RSO, 1990, c.E.2 and PPM 161 Prevalent Medical Conditions.

Student Name: _____	D.O.B. (mm/dd/yy): ____/____/____
School: _____	Student ID: _____

I, \_\_\_\_\_, give my consent for the following person/agency:

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**To obtain (specify information)** \_\_\_\_\_  
**FROM:**

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**To release (specify information)** \_\_\_\_\_  
**TO:**

Name of Person/Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov./Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I understand:

- (a) the period of consent will terminate one year from the date it was granted as indicated below;
- (b) the nature and purpose for which this information is being obtained/released/exchanged;
- (c) this information will be used for the planning and provision of educational services;
- (d) that I may revoke my consent at any time;
- (e) this information will be treated confidentially;
- (f) that a copy of all information will be made for the confidential files at the UCDSB regional office.
- (g) this information will be placed in the OSR. My initials here \_\_\_\_\_ indicate that consent for this is NOT given.**

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_