

APPENDIX A
Letter Inviting Parent/Guardian to Meeting to Develop Plan of Care



(Insert date)

Dear Parent/Guardian:

You recently advised the school that (insert child/student name) requires support relating to (insert name of prevalent medical condition...asthma, anaphylaxis, epilepsy or diabetes).

The Northeastern Catholic District School Board supports children/students with a prevalent medical condition and values the opportunity to work collaboratively with parents and students in the development of a Plan of Care to meet your child's needs. A meeting for this purpose has been scheduled for (insert date and time) at the school. You are asked to bring any pertinent medical reports as well the completed consent forms for the administration of medication at school and school-related events and the sharing of information. I will chair the meeting and (insert names of school staff to attend) will also be in attendance. You and (insert child's name) are also welcome to bring additional individuals that can contribute to the development of the Plan of Care.

A copy of the Board's policies/procedures pertaining to the management of prevalent medical conditions is included for you to read prior to the meeting. Should you have further questions about this meeting, or the materials provided, you are welcome to contact me at (insert contact information). We look forward to working together to ensure a safe and successful year for your child!

Sincerely,

(Insert Principal's name/signature)