CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

NOTIFICATION OF POTENTIAL RISK OF INJURY

IDENTIFYING INFORMATION OF INDIVIDUAL OF POTENTIAL RISK

Picture of Person

Full Name of Individual:_____

School or Board Office Name: _____

School or Board Office Location:_____

Area(s) in School or Board Office of Potential Risk (e.g. Classroom or Office Number):

_____

_____

BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS A RISK

_____

_____

_____

_____

SAFETY STRATEGIES AND TRIGGERS

DO

_____

_____

_____

_____

DO NOT

_____

_____

_____

_____

EMERGENCY AND INTERVENTION STRATEGIES

_____

_____

_____

_____

PERSONS CONSULTED IN DEVELOPMENT OF NOTIFICATION:

SCHOOL STAFF

- ☐ School Administrator(s)
- ☐ Teacher(s)
- ☐ EA/ASD(s)
- ☐ Guidance Counsellor(s)
- ☐ Other_____

BOARD OFFICE STAFF

- ☐ Psychologist
- ☐ Special Education Consultant
- ☐ SERT
- ☐ Other _____

NOTIFICATION OF POTENTIAL RISK OF INJURY RECORD

EMPLOYEE SIGNATURE INDICATES THAT THE EMPLOYEE HAS BEEN INFORMED OF (check all that apply):

- ☐ the risk of injury with respect to the above person;
- ☐ the nature of the behaviour that may present a risk of injury;
- ☐ safety strategies and triggers of behaviour;
- ☐ emergency and intervention strategies;
- ☐ incident reporting procedures;
- ☐ procedures to ascertain immediate assistance if necessary;
- ☐ a safety plan is on file in the OSR

DATE	EMPLOYEE NAME	POSITION	EMPLOYEE SIGNATURE	PRINCIPAL SIGNATURE

☐ Additional list of names attached.

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COPIES:

1. School Administrator 2. Superintendent of School Effectiveness

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