**INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS**

*This form must be completed for a child who has one or more acute\* or chronic\*\* medical conditions such that he or she requires additional supports, accommodation or assistance.*

**Child’s Full Name:**

**Child’s Date of Birth:**

(dd/mm/yyyy)

Photo of Child (Recommended)

**Date Individualized Plan Completed**:

**Medical Condition(s):**

☐ Diabetes ☐ Asthma

☐ Seizure ☐ Other:

**Prevention and Supports**

|  |
| --- |
| **STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):** *[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]* |
| **LIST OF MEDICAL DEVICES AND HOW TO USE THEM** (if applicable): *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))* |
| **LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S)** (if applicable)**:** *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))* |
| **SUPPORTS AVAILABLE TO THE CHILD** (if applicable)**:** *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))* |

**Symptoms and Emergency Procedures**

|  |
| --- |
| **SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]* |
| **PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child’s condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]* |
| **PROCEDURES TO FOLLOW DURING AN EVACUATION:** *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)* |
| **PROCEDURES TO FOLLOW DURING FIELD TRIPS:** *(e.g. how to plan for off-site excursion; how to assist and care for the child*  |

**Additional Information Related to the Medical Condition (if applicable):**

|  |
| --- |
|  |

☐ This plan has been created in consultation with the child’s parent / guardian.

**Parent/Guardian Signature:**

|  |  |
| --- | --- |
| **Print name:** | **Relationship to child:**. |
| **Signature:**  | **Date:** (dd/mm/yyyy). |

The following individuals participated in the development of this individual plan (optional):

|  |  |  |
| --- | --- | --- |
| **First and Last Name** | **Position/Role** | **Signature** |
|  |  |  |