Little Giants Childcare Centre

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: Click here to enter text.

Child's Date of Birth: Click here to enter text.
(dd/mm/yyyy)

Date Individualized Plan Completed: Click here to enter text.

Photo of Child (Recommended)

Medical Condition(s):

☐ Diabetes ☐ Asthma
☐ Seizure ☐ Other: Click here to enter text.

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)]*
Click here to enter text.

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))*
Click here to enter text.

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))*
Click here to enter text.

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))*
Click here to enter text.

Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF THE 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)]*
Click here to enter text.

PROCEDURE TO FOLLOW IF CHILD HAS 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.)]*
Click here to enter text.

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- **Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy.
- Children's personal health information should be kept confidential.

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PROCEDURES TO FOLLOW DURING AN EVACUATION: *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)* Click here to enter text.
PROCEDURES TO FOLLOW DURING FIELD TRIPS: *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)* Click here to enter text.

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

Click here to enter text.

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

Parent/Guardian Signature:

Print name: Click here to enter text.	**Relationship to child:** Click here to enter text.
Signature:	**Date:** (dd/mm/yyyy) Click here to enter text.

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

First and Last Name	Position/Role	Signature
Click here to enter text.	Click here to enter text.	

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:
Click here to enter text.

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