# 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)

Photo of Child (Recommended)

**Date Individualized Plan Completed**: Click here to enter text.

**Medical Condition(s):**

[ ]  Diabetes [ ]  Asthma

[ ]  Seizure [ ]  Other: Click here to enter text.

## Prevention and Supports

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| **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

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| **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)]*Click here to enter text. |
| **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.)]*Click here to enter text. |
| **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):**

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| 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.