

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:

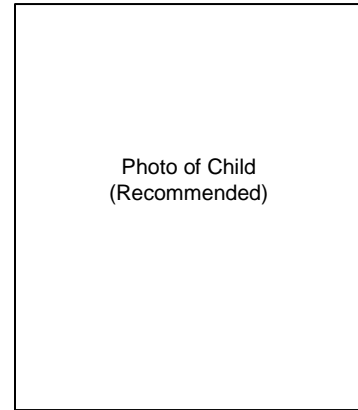
Child's Date of Birth:

(dd/mm/yyyy)

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 during a field trip)*

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

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

Parent/Guardian Signature:

First and Last Name	Relationship to Child	Signature	Date (dd/mm/yyyy)

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

First and Last Name	Position/Role	Signature	Date (dd/mm/yyyy)
	Caregiver		
	Other Professional		

The following individuals have reviewed the individualized plan

First and Last Name	Resident / Regular attending the Home (18 years and up)	Signature
	I	

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:
This form will be reviewed annually or sooner whenever changes are made

