

INDIVIDUAL MEDICAL PLAN

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. If there is more than one medical condition, please complete separate forms.

Child's Name: _____ Date of Birth: _____
 Centre: _____ Date Individualized Plan Completed: _____

MEDICAL INFORMATION

Medical Conditions: Diabetes Asthma Other: _____

PROVIDE A BRIEF DESCRIPTION OF MEDICAL CONDITION:

PREVENTION AND SUPPORTS

STEPS TO REDUCE THE RISK OF CAUSING OR ESCALATING 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. prep, storage and sanitation of devices like blood glucose reader or feeding tube; insulin injections: use of needles, storage of insulin, disposal of needles, 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; adaptive feeding chair; or not applicable (N/A)]

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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); or not applicable (N/A)]

PROCEDURES 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; etc.); or not applicable (N/A)]

PROCEDURES TO FOLLOW DURING AN EVACUATION: [(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate; or not applicable (N/A)]

PROCEDURES TO FOLLOW DURING FIELD TRIPS: [(e.g. How to plan for offsite excursions; how to assist and care for the child during a field trip or not applicable (N/A)]

PREVENTION AND ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (IF APPLICABLE)

EMERGENCY CONTACT INFORMATION

Name	Relationships	Home Phone	Work Phone	Cell Phone

PARENT/GUARDIAN CONSENT

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

Parent/Guardian Name

Parent/Guardian Signature

Date

INDIVIDUAL MEDICAL PLAN

The policies and procedures listed below will be reviewed prior to employment and at least annually.

All educator, students, and volunteers will review the individual plan for each child before they begin employment/participation/placement and at least annually thereafter. As well, all educator, students and volunteers will review the Individual Medical Plan of any new children prior to them starting the program.

*I have read and understand the Individual Medical Plan for the following child located at:

Centre: _____ Child's Name: _____

_____ Educator Signature	_____ Print Educator's Name	_____ Reviewing Supervisor's Initials	_____ Date
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_____ Educator Signature	_____ Print Educator's Name	_____ Reviewing Supervisor's Initials	_____ Date

**attach to the back side of the Individual Medical Plan*