

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:

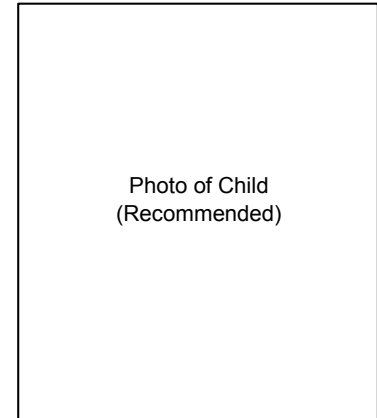


Photo of Child
(Recommended)

Photo of Child (Recommended)

Prevention and Supports

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable):

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable):

SUPPORTS AVAILABLE TO THE CHILD (if applicable):

Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:

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.

PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:
PROCEDURES TO FOLLOW DURING AN EVACUATION:
PROCEDURES TO FOLLOW DURING FIELD TRIPS:

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

Frequency at which this individualized plan will be reviewed with the child’s parent/guardian:

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