



### 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: \_\_\_\_\_

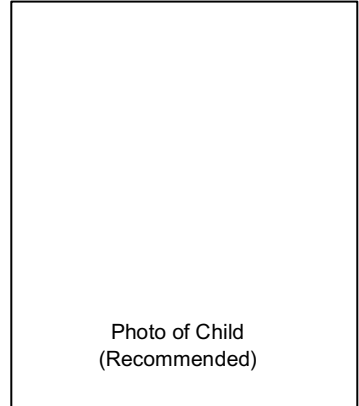
Child's Date of Birth: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Date Individualized Plan Completed: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

**Medical Condition(s):**

- Diabetes
- Asthma
- Seizure
- Other: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_



**Prevention and Supports**

<p><b>STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):</b></p>
<p><b>LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable):</b></p>
<p><b>LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable):</b></p>
<p><b>SUPPORTS AVAILABLE TO THE CHILD (if applicable):</b></p>

**Symptoms and Emergency Procedures**

Attend to the child, call 911, call parents AND follow the procedure outlined below

<p><b>SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:</b></p>
<p><b>PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:</b></p>

**PROCEDURES TO FOLLOW DURING FIELD TRIP:**

- Ensure this plan is with the child at all times
- Ensure all necessary medication and devices accompany child at all times
- Ensure that all staff on field trip are aware of the child's medical condition and aware of the child's emergency plan

**PROCEDURES TO FOLLOW DURING EVACUATION:**

- Ensure this plan is with the child at all times
- Ensure all necessary medication and devices accompany child at all times
- Ensure that all staff on field trip are aware of the child's medical condition and aware of the child's emergency plan

**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:**

<b>Parent 1 (Print name):</b>	<b>Best phone number to be reached at:</b>	<b>Relationship to child:</b>
<b>Signature:</b>		<b>Date:</b> (day/month/year)
<b>Parent 2 (Print name):</b>	<b>Best phone number to be reached at:</b>	<b>Relationship to child:</b>
<b>Signature:</b>		<b>Date:</b> (day/Month/year)

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:

- **As needed**

Date(s) Reviewed: 1<sup>st</sup> review \_\_\_\_\_ additional reviews: \_\_\_\_\_