



INDIVIDUALIZED PLAN FOR A CHILD/YOUTH WITH MEDICAL NEEDS

Child Full Name: _____

Date of Birth: _____
(dd/mm/yyyy)

Date Individualized Plan Completed: _____
(dd/mm/yyyy)

Medical Condition(s):

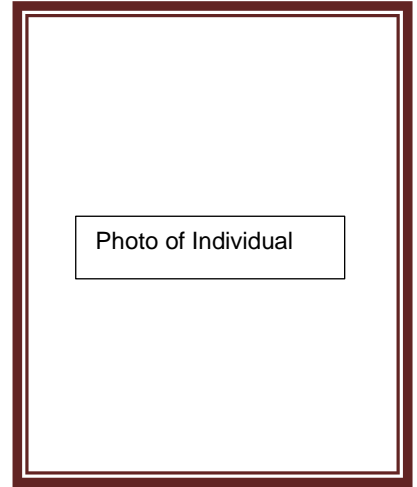
Diabetes

Asthma

Seizure

Allergy/Other: _____

Anaphylactic – EpiPen/ALLERJECT _____mg Expiry date: _____
mm/yyyy



Family Doctor: _____ Phone #: _____

Prevention and Supports-

WHEN COMPLETTING DETAILS MUST BE SPECIFIC AND DETAILED TO THE CHILD

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): *[Include how to prevent an allergic reaction/other medical emergency; (ie: Pureeing food to minimize choking)]*

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): *(ie: feeding tube, glucose monitor, etc., or N/A)*

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): *(ie: glucose monitor is stored on the second shelf in the program room storage closet or N/A)*

SUPPORTS AVAILABLE (if applicable): *(ie: enhanced staff to assist with feeding, etc., or N/A)*

Full Name: _____

Date of Birth: _____

(dd/mm/yyyy)

Symptoms and Emergency Procedures

WHEN COMPLETTING DETAILS MUST BE SPECIFIC AND DETAILED TO THE CHILD

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

[include observable physical reactions (ie: hives, shortness of breath, etc.)]

PROCEDURE TO FOLLOW IF INDIVIDUAL HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:

[Include steps (ie: administer 2 puffs of corticosteroids; wait and observe the individual's condition; contact emergency services/parent or guardian, etc.)]

PROCEDURES TO FOLLOW DURING AN EVACUATION:

(ie: ice packs for medication and items that require refrigeration; how to assist the individual)

PROCEDURES TO FOLLOW DURING FIELD TRIPS:

(ie: how to assist and care for the individual during a field trip)

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

Parent/Guardian Signature:

Print name:	Relationship:
Signature:	Date: (dd/mm/yyyy)

Emergency Contact Information:

First and Last Name	Relationship	Home Phone	Work Phone	Cell Phone