Individualized Plan for a Child with Medical Needs

Home-Based Registered Early Childhood Educator | Waterloo, Ontario

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 Information

Child's Full Name:

Date of Birth (dd/mm/yyyy):

Date Plan Completed:

Medical Condition(s):

☐ Diabetes ☐ Asthma ☐ Seizure Other:

Photo of Child
(Recommended)

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; or 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 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 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)

PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: (include steps, e.g. administer medication as directed; wait and observe the child's condition; contact emergency services and parent/guardian; parent/guardian/emergency contact information)

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 excursions; 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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Parent/Guardian Consultation & Signature

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

First and Last Name: _____ Relationship to Child: _____

Signature: _____ Date (dd/mm/yyyy): _____

Individuals Who Participated in the Development of This Plan

Name: _____ Position/Role: _____

Signature: _____ Date (dd/mm/yyyy): _____

Name: _____ Position/Role: _____

Signature: _____ Date (dd/mm/yyyy): _____

Name: _____ Position/Role: _____

Signature: _____ Date (dd/mm/yyyy): _____

Name: _____ Position/Role: _____

Signature: _____ Date (dd/mm/yyyy): _____

Individuals Who Have Reviewed This Plan

Residents / regular attendees of the home (18 years and up):

First and Last Name: _____ Signature: _____

First and Last Name: _____ Signature: _____

First and Last Name: _____ Signature: _____

First and Last Name: _____ Signature: _____

Review frequency: This form will be reviewed annually, or sooner whenever changes are made.

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