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INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

CHILD'S NAME:	CHILD'S DATE OF BIRTH:
	Date Individualised Plan Completed:
РНОТО	Medical Conditions: ☐ Diabetes ☐ Asthma
	☐ Seizure ☐ Other:
	Prevention and Supports Steps to reduce the risk of causing or worsening medical condition:
	List of Medical Devices and how to use them:
	Location of Medical Devices:
	Supports Available to Child:
Symptoms and Emergency Procedures Signs and Symptoms of an allergic reaction or other medical emergency: Procedure to follow if child has an allergic reaction or other medical emergency:	
Procedure to follow during an evacuation or during field trips: Additional Information Related to Medical Condition (If applicable)	
☐ This plan has been created in	onsultation with the child's parent / guardian.
Name Relationsh	Emergency Contact Information Home Phone Work Phone Cell Phone
INATITE RELATIONS	TIOTHE FRIORE WORK FRIORE CERTIONE
Parent/Guardian Signature: Relationship to Child: Parent/Guardian Name Printed: Date:	