



Montessori

ACADEMY OF LONDON

INDIVIDUALIZED PLAN FOR A CHILD WITH ALLERGIES OR MEDICAL NEEDS

This form must be completed for a child who has one or more acute or chronic** medical conditions or allergies such that he or she requires additional supports, accommodation or assistance.*

Child's Full Name:			Photo of Child (Recommended)
Child's Date of Birth:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Child's Home Address:			
Health Card Number:			
Date Individualized Plan Completed:			
Physician Name:		Physician Phone Number:	
Medical Condition(s):	<input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Anaphylactic Allergy <input type="checkbox"/> Other: _____		

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name: _____	Name: _____
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____

PREVENTION AND SUPPORTS
<p>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)</p>
<p>List of medical devices and how to use them (if applicable): e.g. feeding tube, glucose monitor, etc.; or not applicable (N/A)</p>



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Location of medication and/or medical device(s) (if applicable): e.g. glucose monitor is stored on the second shelf in the classroom storage closet; or not applicable (N/A)

Supports available to the child (if applicable): e.g. nurse or trained staff to assist with feeding; or not applicable (N/A)

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 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)

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 excursion; how to assist/care for the child during a field trip

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to 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. In significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential



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ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (if applicable):

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THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE DEVELOPMENT OF THIS INDIVIDUAL PLAN:

First and Last Name	Position / Role	Signature

FREQUENCY AT WHICH THIS PLAN WILL BE REVIEWED WITH THE CHILD'S PARENT / GUARDIAN:

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

Parent / Guardian Signature

Name (print):	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

Signature of Health Professional

Signature of School Director or Site Supervisor