



# 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 they require additional supports, accommodation or assistance.*

<b>Child's Full Name:</b>			Photo of Child (Recommended)
<b>Child's Date of Birth:</b>			
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Child's Home Address:</b>			
<b>Health Card Number:</b>			
<b>Date Individualized Plan Completed:</b>			
<b>Physician Name:</b>		<b>Physician Phone Number:</b>	
<b>Medical Condition(s):</b>	<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><b>Steps to reduce the risk of causing or worsening the medical condition(s):</b> 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><b>List of medical devices and how to use them (if applicable):</b> e.g. feeding tube, glucose monitor, etc.; or not applicable (N/A)</p> 



# Montessori

ACADEMY OF LONDON

**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



# Montessori

ACADEMY OF LONDON

**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

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

**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:**

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

**Parent / Guardian Signature**

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

\_\_\_\_\_  
**Signature of Principal or Site Supervisor**