

Cook's School Day Care Inc.
MEDICAL NEEDS, INCLUDING ANAPHYLAXIS
INDIVIDUAL EMERGENCY RESPONSE PLAN

IS PERSON AT RISK OF ANAPHYLAXIS?

YES NO

Indicate the Program attending or affiliation with Program (check all that apply):

- VICTORIA PARK CHILD CARE CENTRE: Enrolled Child Employee/Student/Volunteer
 COOK'S HOME CHILD CARE AGENCY: Enrolled Child Provider/Person ordinarily resident in Home Child Care setting

Person's Full Name:	Photo of Person (Recommended)
Person's Date of Birth: (d) (m) (y)	
Date Individualized Plan Completed: (d) (m) (y)	
Specify Medical Conditions <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Other(specify):	
Specify Potentially Life-Threatening Allergies (Risk of Anaphylaxis):	

Prevention & Supports

Steps to Reduce the Risk of Causing or Worsening the Medical Conditions or Exposure to Allergy

Causative Agents: *[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, etc.; or not applicable (N/A))*

Location of Medication and/or Medical Devices (if applicable): *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))*

Supports Available to the Person (if applicable): *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))*

Symptoms & Emergency Procedures

Signs and Symptom 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)]*

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Procedure to follow if Person 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 and care for the child during a field trip)*

Additional Information Related to the Medical Condition (if applicable):
(including how the parent/guardian can be reached during home child care extended hours, if applicable)

- Administration of Medication Authorization is completed for Child as per the Administration of Medication Policy.
- The pharmacist's label clearly indicates the name of this individual.
- This plan has been created in consultation with the child's parent / guardian. n/a

Person or Child's Parent/Guardian Confirming Details

Person's or Child's Parent/Guardian's Name Printed	Relationship to Child
Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)

The following individuals participated in the development of this individual plan (optional)

First & Last Name	Position/Role	Signature
First & Last Name	Position/Role	Signature

Person's Full Name:

Review of Plan

Completed a Minimum Every Six-Months or When a Change Occurs

Review # 1	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	
Review # 2	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	
Review # 3	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	
Review # 4	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	
Review # 5	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	
Review # 6	Person's or Child's Parent/Guardian's Name Printed	Relationship to Child <input type="checkbox"/> n/a
	Person's or Child's Parent/Guardian's Signature	Date (d) (m) (y)
	<input type="checkbox"/> No Changes <input type="checkbox"/> Changes As Noted Above <input type="checkbox"/> New Individual Response Plan Completed	