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

		N AT RISK HYLAXIS?
П	YFS	□ NO

Indicate the Program attending or affiliation with Program (check all that apply):							
VICTORIA PARK CHILD CARE CENTRE: O	Enrolled Chi	ild O Emplo	yee/Studen	:/Volunteer			
COOK'S HOME CHILD CARE AGENCY: O	Enrolled Ch	nild <b>O</b> Provid	der/Person o				
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  ☐ Diabetes ☐ Asthma ☐ Seizure	□ Other	(specify):					
Specify Potentially Life-Threatening Alle	rgies (Risk	of Anaph	ylaxis):				
Emergency Procedures: Including S	Symptom	ns & Preve	ention				
Steps to reduce the risk of causing or we				on:			
How to recognize the signs & symptoms	when the	individua -	ıl is exner	iencing the medical condition:			
		, manification	opo.	enemg me meanear conamem			
List of medical devices or medications v	with instru	ctions for	use, admi	nistration and storage:			
Procedures and actions to be taken in t	he event	that the in	dividual e	experiences the medical condition:			
Supports							
Supports available to the person (if app	licable):						
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Prevention & Supports (at the child	care centre or in the home	e child ca	re setting)	
Storage:				
Octobra on Harris Child Core Setting	· /	f = = : solm m	the medical	
Centre or Home Child Care Setting condition):	J (steps to reduce the risk o	t causing	or worsening the medical	
Procedures to follow during an eva	acuation:			
_				
Propoduros to follow during field tr	lma.			
Procedures to follow during field tri	ips:			
Additional Information Related	to the Medical Condition	(if appli	cable):	
Additional Information Related to (including how the parent/guardian can be				
(including how the parent/guardian can b	ne reached during home child ca	are extende	d hours, if applicable)	
	ne reached during home child ca	are extende	d hours, if applicable)	
(including how the parent/guardian can be considered as a second of the considered as a second	ne reached during home child ca	or Child as	d hours, if applicable)	
☐ Administration of Medication Au Medication Policy.	ne reached during home child ca thorization is completed fo ndicates the name of this in	or Child as	d hours, if applicable) s per the Administration of	
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<ul> <li>□ Administration of Medication Au Medication Policy.</li> <li>□ The pharmacist's label clearly in □ This plan has been created in corporate or Child's Parent/Guardian</li> </ul>	uthorization is completed for name of this in onsultation with the child's an Confirming Details	or Child as	s per the Administration of guardian.   n/a	□n/a
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■ No Changes

## Person's Full Name: Review of Plan Completed a Minimum Every Six-Months or When a Change Occurs Person's or Child's Parent/Guardian's Name Printed Relationship to Child Review # 1 □ n/a Person's or Child's Parent/Guardian's Signature Date (d) (m) (y) ■ New Individual Response Plan Completed ■ No Changes □ Changes As Noted Above Person's or Child's Parent/Guardian's Name Printed Relationship to Child Review # 2 □ n/a Person's or Child's Parent/Guardian's Signature Date (m) □ Changes As Noted Above ■ New Individual Response Plan Completed No Changes Person's or Child's Parent/Guardian's Name Printed Relationship to Child Review # 3 □ n/a Person's or Child's Parent/Guardian's Signature Date (d) (m) (y) ■ New Individual Response Plan Completed No Changes □ Changes As Noted Above Person's or Child's Parent/Guardian's Name Printed Relationship to Child □ n/a Review # Person's or Child's Parent/Guardian's Signature Date (m) (y) No Changes □ Changes As Noted Above ■ New Individual Response Plan Completed Person's or Child's Parent/Guardian's Name Printed Relationship to Child 2 □ n/a Review # Person's or Child's Parent/Guardian's Signature Date (d) (m) No Changes □ Changes As Noted Above ■ New Individual Response Plan Completed Person's or Child's Parent/Guardian's Name Printed Relationship to Child □ n/a Person's or Child's Parent/Guardian's Signature Date

□ Changes As Noted Above

■ New Individual Response Plan Completed