

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

<b>Person's Full Name:</b>	Photo of Person (Recommended)
<b>Person's Date of Birth:</b> (d) (m) (y)	
<b>Date Individualized Plan Completed:</b> (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):	
<b>Emergency Procedures: Including Symptoms &amp; Prevention</b>	
Steps to reduce the risk of causing or worsening the medical condition:	
How to recognize the signs & symptoms when the individual is experiencing the medical condition:	
List of medical devices or medications with instructions for use, administration and storage:	
Procedures and actions to be taken in the event that the individual experiences the medical condition:	
<b>Supports</b>	
Supports available to the person (if applicable):	

**Prevention & Supports (at the child care centre or in the home child care setting)**

Storage:

Centre or Home Child Care Setting (steps to reduce the risk of causing or worsening the medical condition):

Procedures to follow during an evacuation:

Procedures to follow during field trips:

**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)

n/a

**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

<b>Review # 1</b>	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	
<b>Review # 2</b>	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	
<b>Review # 3</b>	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	
<b>Review # 4</b>	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	
<b>Review # 5</b>	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	
<b>Review # 6</b>	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	