

INDIVIDUALIZED SUPPORT PLAN FOR A CHILD WITH MEDICAL NEEDS

Individualized Support Plan (ISP) For a Child with Medical Needs

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

Photo of Child
(Recommended)

Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): ____/____/____

Date ISP Completed (dd/mm/yyyy): ____/____/____

Medical Condition(s):

Diabetes Asthma Seizure

Allergy/Intolerance (please specify):

Other (please specify):

PREVENTION AND SUPPORTS

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)]

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 DEVICE(S) (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 CHILD (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 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 and care for the child during a field trip)

ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (IF APPLICABLE):

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

PARENT/GUARDIAN SIGNATURE:

Print name:	Relationship to child:
Signature:	Date:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE DEVELOPMENT OF THIS INDIVIDUAL PLAN (OPTIONAL):

First and Last Name	Position/Role	Signature