

**Eunoia Forest School
Individualized Plan and Emergency Procedures
for a Child with Medical Needs**

* denotes mandatory information



Child's **name**:

Date of birth:

Date plan completed:

Emergency Services Contact Number: **911**

Medical **condition(s)**:

Diabetes

Asthma

Seizure

Other:

Symptoms of each medical condition (specific to the child):

Signs and symptoms of an allergic reaction or other medical emergency:

* Procedures to follow if child has an allergic reaction or other **medical emergency**:

* Procedures to follow during an **evacuation** (e.g., ice packs for medication that requires refrigeration, how to assist the child to evacuate):

* Procedures to follow during **other emergencies**:

* Procedures to follow during **field trips**:

Strategies for managing the Medical Condition(s)

(include **routine daily management strategies** and specify **who will and is authorized to perform** the strategies; specify what **accommodations** will be made, if necessary, to support the strategies and to support the child's participation in all Eunoia activities):

* **Steps to reduce the risk** of causing or worsening the medical condition(s):

Monitoring strategies:

* List of **medical devices** and how to use them:

Medication Information			
Name of Medication (include brand)	Expiry Date	Location (including location of extras)	Disposal Instructions

Supports available at Eunoia:

Additional information related to the medical condition (e.g., notes and instructions from a health professional):

- Eunoia's Emergency Management and Fire Safety/Evacuation Policy and Procedures was considered as this plan was created.
- The child's preferences were considered as this plan was created.
- This plan has been created in consultation with the child's parent/guardian.

The parent/guardian has trained at least the Owner/Operator on procedures to follow if the child has an anaphylactic reaction: Yes; Date of training: _____

Not applicable (child is not at risk for anaphylaxis)

Parental Statement

I, _____ (parent/guardian), hereby give consent for my child, _____, to:

carry their emergency medication in the following location (e.g., blue fanny pack around their waist): _____

and/or

self-administer their own medication as needed

AND/OR

I, _____ (parent/guardian), hereby give consent for any person with training on this plan to administer my child's emergency medication and to follow the procedures set out in my child's Individualized Plan

AND/OR

I, _____ (parent/guardian), hereby give consent for my child's signs and symptoms to be shared with their peers for the purpose of helping identify when a medical incident occurs

AND/OR

I, _____ (parent/guardian), hereby give consent for this plan to be shared with:

- all staff at Eunoia all volunteers at Eunoia
- the following members of the Eunoia team:

and/or

- third party contractors who have direct contact with my child, if deemed necessary by Eunoia staff.

Parent/guardian initials: _____

Communicating about the Plan (specify **format** and **frequency** for communication between a parent/guardian, the Owner/Operator or Designate, the child, health professionals, and/or Eunoia staff): _____

Emergency Contact Information

Contact Name	Relationship to Child	Primary Phone #	Additional Phone #

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

First and Last Name	Role	Signature

Signature of **health professional** (optional)

X	Date:
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* Signature of **parent/guardian**

Print name:	Relationship to Child:
X	Date:

Having seen that the parent/guardian consents for the child's signs and symptoms to be shared with their peers for the purpose of helping identify when a medical incident occurs, I, Elisha Blair, hereby authorize such disclosure.

* Signature of **owner/operator**

X	Date:
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