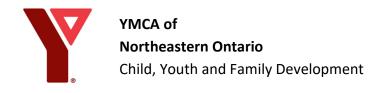
Individual Medical Plan (IMP) (For A Child With Medical Needs) – Fillable Electronic Copy

This form must be completed by the child care supervisor in accordance with instructions by the child's parent and/or medical professional for a child who has one or more acute* or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance.

Child's Full Name: Cl	ick here to enter text.	
Child's Date of Birth: (dd/mm/yyyy)		
Date Individualized P	lan Completed: Click here to enter text.	Photo of Child (Recommended)
Medical Condition(s)	:	
☐ Diabetes	☐ Asthma	
☐ Seizure	☐ Other: Click here to enter text.	
Prevention and Suppor	ts	
	OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): [Include how to aggravate the medical condition (e.g. Pureeing food to minimize choking)]	o prevent an allergic reaction/other
LIST OF MEDICAL DEVICES A Click here to enter text.	ND HOW TO USE THEM (if applicable): (e.g. feeding tube, stoma, glucose monito	or, etc.; or not applicable (N/A))
storage closet; or not applicable Click here to enter text.		he second shelf in the program room
SUPPORTS AVAILABLE TO THE not applicable (N/A)) Click here to enter text.	HE CHILD (if applicable): (e.g. nurse or trained staff to assist with feeding and/or dis	sposing and changing of stoma bag; or
Symptoms and Emerge	<u> </u>	
	AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: [include observa ance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]	ible physical reactions that indicate the
	CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: [Inc e the child's condition; contact emergency services/parent or guardian, parent/guar	



evacuate)
Click here to enter text.
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)
Click here to enter text.
Additional Information Related to the Medical Condition (if applicable):
Click here to enter text.
Click field to effect text.
\square This plan has been created by and/or in consultation with the child's parent/guardian.
Parental Consent Statement
I <u>Click here to enter text.</u> (parent/guardian) hereby give consent for my child
Click here to enter text. (child's name) to (check all that apply):
□ carry their emergency medication in the following location (e.g. blue fanny pack around their waist): Click
here to enter text.
\square self-administer their own medication in the event of a medical emergency
AND/OD
AND/OR
I Click here to enter text. (parent/guardian) hereby give consent to 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
Medical Plan and Emergency Procedures.
medical final and Emergency Frocedures.
Parent/Guardian initials:

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship to Child	Primary Phone Number	Additional Phone Number
Click here to enter text.			
Click here to enter text.			

HEALTHCARE PROFESSIONAL CONTACT INFORMATION: (optional)

Contact Name	Primary Contact Number
Click here to enter text.	Click here to enter text.

SIGNATURE OF HEALTHCARE PROFESSIONAL (optional)

X	Date:Click here to enter text.

SIGNATURE OF PARENT/GUARDIAN (required)

Print name:	Relationship to Child:	
	Click here to enter text.	
Х	Date: Click here to enter text.	

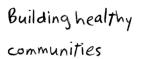
Frequency at which this individualized plan will be reviewed with the child's parent/guardian:

Click here to enter text.

Important: Staff, Students and Volunteers sign-off and a Dispensing Record is attached to all Individual Medical Plans.

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- **Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy (an Individual Anaphylactic Plan should be completed).
- Children's personal health information should be kept confidential.



To be Completed by all YMCA Child Care Staff, Placement Students & Volunteers

Child's Name:			
acknowledgement	Care Procedure for Children with Medical Needs mu upon commencement of YMCA employment, student p or. In addition, after any revision of this form, it will be s and volunteers.	lacement or volunteer role and	
a medical emergen	acknowledge that I have been trained on how to treat the a acy and that I fully understand and agree to abide by the YM is and this Child's Individual Medical Plan.		
care supervisor or	questions or concerns regarding any YMCA Policy or Procedure refer to our Child Care Legislation & Procedures Manual. Int Record of All Child Care Staff, Placement Students of		
Date			

^{*} This original will be kept in the child's file with a copy to be posted in all program areas (anywhere the child may attend) with a cover page for confidentiality and attached to the educators' clipboard.



Dispensing Record - To be Completed by Child Care Staff

Child's Name:				
Medication:	□ Puffer □ Ins	sulin Other:		
Date	Time	Dosage Given & Additional Notes		Staff Signature
		lease begin a new form and attach the the below <u>when no longer required</u> .	forms togeth	ner (if the medication is being
Parent/Guardian S	Signature:		Date:	
YMCA Staff Signati	ure:		Date:	