INDIVIDUAL CARE PLAN

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Child's Full Name:		Photo of Child
Child's Date of Birth:		
Key Parent Contact:		
Key Contact Telephone:		
Date Initiated:		
Date Reviewed:		
Reviewed By:		
Staff Key Contact[1]:		
Classroom:		

CARE CONSIDERATIONS: Attach Relevant Sections (as checked) to this front page. Do not attach sections that do not apply.

1. ALLERGIES	2. ANXIETY[2] / MH	3. BREATHING[3]	4: CANCER	5: DIABETES	6: DIGESTIVE[4]
7: HEART[5]	8: MOBILITY[6]	9. SEIZURES[7]	10. SERVICE DOG	11: MEDICATIONS	12: DEVICE / TECH
13: OTHER:			Date Reviewed:		

The Individual Care Plan is in place to attend to accommodations due to medical/health concerns and may supplement, but should not be confused with, an Individualized Program Plan. It is possible for a student to have and ICP and an IPP, or neither, or both.

DURATION:

A. PERMANENT	Condition is ongoing and will impact the student over the course of their academic career.			
B. PERMANENT, EPISODIC	Condition includes periods of good health interrupted by periods of illness or disability.			
C. TEMPORARY	Anticipated Duration:		To:	

OVERALL MEDICAL SEVERITY:

MILD. Few to no accommodations.	MODERATE. Some accommodations.	SEVERE. Normal functioning impacted.

LEARNING ACCOMMODATIONS IN PLACE:

INDIVIDUAL PROGRAM PLAN (IPP) REQUIRED[8]	IPP NOT REQUIRED

HEALTH CARE PROFESSIONAL INFORMATION (OPTIONAL – AS REQUIRED):

	Family Physician
	Psychiatrist
	Psychologist
	Other

[1] The staff member assigned as the most responsible person for this student's well-being.

[2] Clinically diagnosed Anxiety Disorder for which a remediation plan is required; Mental Health (MH) concerns present.

[3] Includes respiratory challenges (i.e. Asthma, Cystic Fibrosis).

[4] Includes Inflammatory Bowel Diseases (i.e. Crohn's & Colitis, Celiac).

[5] Includes heart and blood vessel concerns (i.e. Anemia, Hemophilia, Postural Orthostatic Tachycardia)

[6] Includes Arthritis and Rheumatologic Conditions: (i.e. Fibromyalgia, Henoch-Schonlein Pupura (HSP), Lupus). Also includes bone and muscle concerns (i.e. Scoliosis, Muscular Dystrophy).

[7] Epilepsy and Seizure Disorders.

[8] An Individual Care Plan is NOT an Individual Program Plan (IPP) but should inform decisions made on a student's IPP.

INDIVIDUAL CARE PLAN

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Contact this person First:

Name:		Home:	
Relationship:		Work:	
Can pick up / remove from school? [Yes] [No]		Cell:	

Contact this person Second:

Name:		Home:	
Relationship:		Work:	
Can pick up / remove from school? [Yes] [No]		Cell:	

Contact this person Third:

Name:		Home:	
Relationship:		Work:	
Can pick up / remove from school? [Yes] [No]		Cell:	

Contact this person Fourth:

Name:		Home:	
Relationship:		Work:	
Can pick up / remove from school? [Yes] [No]		Cell:	

Student's Primary Home Address

Student's Alternate Address (i.e. based on Custody Agreement)

Days / Times at this address:

Other Relevant Information:

Privacy Disclosure: We are collecting personal medical information about your child to determine how best to meet your child's specific personal care requirements. Information collected is provided to appropriate staff on a need-to-know basis, and to people who are working with your child and providing care. All information collected will be held pursuant to the *Education Act* and accompanying regulations. We will not disclose, to any other person or organization, except as authorized by the Freedom of Information and Protection of Privacy Act. Should you have questions about the collection and use of this information, please contact your child's Principal or the Director of Student Services at Parkland School Division (780) 963-4010.

THESE FIRST PAGES (CONTACT INFORMATION) MUST BE ATTACHED TO ANY RELEVANT SECTIONS (BELOW)

1. ALLERGIES

This information and form shall accompany page 1 of the student's Individual Care Plan.

Please Review: *Administrative Procedure 784 Medical – Allergies and Anaphylaxis*

The *Protection of Students with Life-Threatening Allergies Act* (*the Act*) requires that every Board shall establish and maintain procedures for anaphylaxis, including:

- strategies to reduce risk,
- a communication plan for information dissemination,
- mandatory training, and
- a risk reduction plan.

Even if not preauthorized to do so under section 6(1) of *the Act*, an employee may administer an epinephrine auto-injector or other medication prescribed to a student for the treatment of an anaphylactic reaction if the employee has reason to believe that the student is experiencing an anaphylactic reaction.

On average, about 8% of the student population are affected by food allergies[9]. This means that one (1) in every thirteen (13) students may experience allergic reactions.

Allergy / Anaphylaxis Plan

Child's Full Name:		Class:

Allergy / Allergies (select all that apply)

Eggs	Milk	Fish/Shellfish	Nuts/Sesame	Soy
Wheat/Glutens	Sulphites	Insects	Chemicals	Medicines
Other (write in):				

SEVERITY:

MILD. Few Accommodations necessary.	MODERATE. Some accommodations.	SEVERE. Normal functioning impacted.

Possible Symptoms (select all complications that may apply)

Anaphylaxis (!)	Breathing/Coughing	Throat Tightening	Stomachache	Vomiting
Diarrhea	Itchy, Watery Eyes	Hives/Skin Changes	Swelling	Blood Pressure +/-
Other:				

Anaphylaxis is a life-threatening reaction that can cause an individual to go into shock.

Signs and symptoms of anaphylaxis include: loss of consciousness, a decrease in blood pressure, severe shortness of breath, skin rash, lightheadedness, a rapid-weak pulse, nausea and/or vomiting. **ACT QUICKLY – SYMPTOMS CAN WORSEN QUICKLY!**

Epinephrine Auto-Injector

EpiPen® Jr. 0.15 mg	EpiPen® 0.30 mg	Previous anaphylactic reaction[10]	Asthmatic[11]
If individual is having a reaction and has **difficulty breathing**, give **epinephrine** auto-injector **BEFORE** asthma medication.			
Location of Injector:			

Student Specific Strategies (mitigation and response); attach extra documentation if required:

[9] Reference: (kidshealth.org) (foodallergy.ca)

[10] Individual is at greater risk

[11] Individual is at greater risk.

2. ANXIETY DISORDERS

This information and form shall accompany page 1 of the student's Individual Care Plan.

Anxiety Disorders | Key Source: Anxiety Canada (anxietycanada.com)

Anxiety Canada notes that students with generalized anxiety disorder (GAD) experience excessive and uncontrollable worry about future events and minor matters. This can include worry about health of self and others, finances, the environment and global affairs, parents' marital satisfaction or family stability, academic or athletic performance, perfectionism, punctuality, and more.

Worry is considered excessive and uncontrollable when the student is worrying more than others would, and if he or she cannot stop worrying once it has started. This worry occurs most days and is accompanied by at least three or more physical symptoms such as fatigue, feeling amped up, trouble concentrating, irritability, muscle tension, and sleep difficulties.

Although all youth sometimes experience worry about a range of events and activities, for students with GAD this worry is excessive, ongoing, uncontrollable, physically draining, and significantly negatively impacts his/her quality of life.

Anxiety Plan

Child's Full Name:		Class:
Medication for anxiety is prescribed (attach section 13: Medications)		

Modifications (check all that apply)

Counselling designated
Consideration for seating where the student is most comfortable
Designation of a peer support individual
Increased breaks
Advance notice or alternatives for substitute teachers / transitions / schedule changes – when possible
Extra transition time

Student Specific Strategies (mitigation and response); attach extra documentation if required:

Indicate whether there are learning accommodations in place that are specific to anxiety / mental health:

INDIVIDUAL PROGRAM PLAN (IPP) REQUIRED	IPP NOT REQUIRED

3. BREATHING COMPLICATIONS

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Cystic Fibrosis (CF) | Key Source: Cystic Fibrosis Canada (cysticfibrosis.ca)

CF is a genetic disease and is not contagious. Typical complications caused by CF include difficulty digesting fats and proteins as well as lung damage from infections. School staff shall review *Education and CF: Information for Teachers and professors* as well as the *School Toolkit: A Guide for Teachers and Parents* from CF Canada as prudent to do so.

CF Symptoms include:

- Persistent cough with productive thick mucus
- Wheezing and shortness of breath
- Frequent chest infections, which may include pneumonia
- Bowel disturbances, such as intestinal obstruction or frequent, oily stools
- Weight loss or failure to gain weight despite possible increased appetite
- Children with CF are more vulnerable to catching germs from sick children
    - Proper hand washing practices and disinfection procedures must be followed
- Children with CF require frequent trips to the washroom
- They will act no differently from any other child
- They can participate in any physical activities that they are comfortable with
- Please allow them unlimited access to fluids and their salty snacks
- To assist their digestion, children with CF must take pancreatic enzymes before eating
    - If they forget, they can still take them up to 30 minutes after eating

Asthma | Key Source: Asthma Canada

Asthma is a chronic lung disease that impacts more than 12% of children. Children with poor control over asthma require limitations to their physical activity because of their asthma symptoms. When asthma is totally controlled children can participate in physical activity. Teachers play an important role in identifying the child with early warning signs of poor asthma control. Managing asthma appropriately enables children with asthma to fully participate in school.

For review: Asthma Canada's *Asthma Management in Schools*.

Breathing Complications Plan

Child's Full Name:		Class:
Breathing Complication:		
Medication for breathing complications prescribed (attach section 13: Medications)		

Modifications (check all that apply)

Monitoring physical abilities for modification
Designation of a peer support individual
Increased breaks

Student Specific Strategies (mitigation and response); attach extra documentation if required:

4. CANCER

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Childhood Cancer | Key Source: Canadian Cancer Society (cancer.ca)

The Canadian Cancer Society notes that childhood cancer is relatively uncommon. However, it remains the most common disease-related cause of death – more than asthma, diabetes, cystic fibrosis and AIDS combined. It is second only to injury-related deaths among Canadian children. Cancers in children act differently and are found in different organs in the body than those that are found in adults. In general, tumours in children often grow more quickly and spread to other parts of the body faster. Children are more likely to develop leukemia and lymphoma than adults.

Review: (Klink, 2011) *Helping Schools Cope with Childhood Cancer: Current Facts and Creative Solutions*

Considerations:

- Care needs at school
- Risk of Infection
- Medications
- Potential side effects and plans for addressing them
- Classroom physical layout
- Need for additional personnel
- Preparation for peers and school staff
- Plans for urgent situations
- Plans to address child's emotional needs

Child's Full Name:		Class:
Cancer Complication:		
Medication for cancer complications prescribed (attach section 13: Medications)		

Student Specific Strategies (mitigation and response); attach extra documentation if required:

5. DIABETES

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Diabetes | Key Source: Diabetes Canada (diabetes.ca)

Types of diabetes

Type 2 diabetes is the most common diagnosis, followed by type 1 diabetes.

Type 1

Type 1 diabetes is an autoimmune disease and is also known as insulin-dependent diabetes. People with type 1 diabetes aren't able to produce their own insulin (and can't regulate their blood sugar) because their body is attacking the pancreas. Roughly 10% of people living with diabetes have type 1, insulin-dependent diabetes.

Type 1 diabetes generally develops in childhood or adolescence, but can also develop in adulthood. People with type 1 need to inject insulin or use an insulin pump to ensure their bodies have the right amount of insulin.

Type 2

People with type 2 diabetes can't properly use the insulin made by their bodies, or their bodies aren't able to produce enough insulin. Roughly 90% of people living with diabetes have type 2 diabetes.

Type 2 diabetes is most commonly developed in adulthood, although it can also occur in childhood. Type 2 diabetes can sometimes be managed with healthy eating and regular exercise alone, but may also require medications or insulin therapy.

Child's Full Name:		Specialized Equipment:
Type of Diabetes (circle one)	Type 1 Type 2	

Signs & Symptoms of low/high (circle one) blood sugars:

Student Specific Treatment Plan

(i.e. times to be tested, how to record blood sugars, when to treat with insulin/snacks, proactive strategies, when to contact home)

Parent Signature: _____ Date: _____

6. DIGESTIVE

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Tube Feeding | Key Source: SickKids (www.aboutkidshealth.ca/tubefeeding)

- Gastrostomy tubes (G tubes) are placed in the stomach.
- Gastrojejunal tubes (GJ tubes) are placed in the small intestine.
- Both help with feeding by allowing liquid feeds to be given directly into the stomach or small intestine.

A G-Tube or a GJ-Tube can deliver:

- Complete or supplementary nutrition (i.e. formula, expressed breast milk) and/or
- Fluids (i.e. water, juice, Pedialyte™) and/or
- Blended diet and/or
- Medication

*Be sure to follow proper hand washing protocols

Positioning Considerations:	**Specialized Equipment:**

At School Tube Feeding Schedule:

Times:	**Amount of food/water:**	**Duration of feed:**

Student Specific Plan:
(i.e. where will the feeds happen within the school, who is trained to administer, what to do if the G/GJ tube falls out, process for cleaning the equipment, food storage)

Parent Signature: _____ Date: _____

7. HEART

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Child's Full Name:		Class:
Heart Condition:		
Medications:		
Specialized Equipment:		

Student Specific Plan

(i.e. proactive strategies, recess plan, phys ed plan)

Other Considerations: (i.e. signs and symptoms when unwell, when to contact home)

Parent Signature: _____ Date: _____

8. MOBILITY

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Mobility | Key Source: Kids Health (https://kidshealth.org/en/parents/mobility-factsheet.html)

A student's mobility can be limited due to disease, injuries, or birth defects. Conditions like spinal cord injuries, head injuries, amputations, muscular dystrophy, arthritis, and cerebral palsy also can limit mobility. Mobility may be limited in the lower body, upper body, or both.

Students with limited mobility may:

- use splints, casts, leg braces, canes, crutches, walkers, standing frames or wheelchairs
- need extra time, as well as help, moving around classrooms, between classes, and throughout school
- may be late to class due to problems getting around
- miss class time to do occupational therapy or physical therapy
- use assistive technology to help with writing and other activities
- need extra time to complete assignments
- need special seats and desks or tables, and extra space for wheelchairs or other equipment
- need other students or a scribe to take notes for them; or have class lectures, discussions, and activities recorded via video or audio
- have specific accommodations listed in the IPP

Student's Full Name:	**Diagnosis:**

Environmental Considerations:		
Specialized Equipment:		
Is PT involved (circle one): **YES NO**	**Name of PT (if applicable):**	**Staff who are trained to follow PT protocols:**

Appropriate Physical Activities and/or Limitations:
Special considerations in the event of an emergency: (i.e. fire drill)

8. MOBILITY continued

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Student Specific Plan: (i.e. frequency of stretching routine, frequency/duration of using a standing frame or walker, location, who will be responsible for following the plan, when the plan will be reviewed; attach appropriate protocols to this plan as applicable)

Parent Signature: _____ Date:_____

9. SEIZURES

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Seizures | Key Source: Centers for Disease Control and Prevention (cdc.gov/epilepsy/about/types-of-seizures.htm)

Seizures are classified into two groups:

1. **Generalized seizures** affect both sides of the brain.
   - Absence seizures, sometimes called petit mal seizures, can cause rapid blinking or a few seconds of staring into space.
   - Tonic-clonic seizures, also called grand mal seizures, can make a person
     - Cry out
     - Lose consciousness.
     - Fall to the ground.
     - Have muscle jerks or spasms.

   The person may feel tired after a tonic-clonic seizure.

2. **Focal seizures** are located in just one area of the brain. These seizures are also called partial seizures.
   - Simple focal seizures affect a small part of the brain. These seizures can cause twitching or a change in sensation, such as a strange taste or smell.
   - Complex focal seizures can make a person with epilepsy confused or dazed. The person will be unable to respond to questions or direction for up to a few minutes.
   - Secondary generalized seizures begin in one part of the brain, but then spread to both sides of the brain. In other words, the person first has a focal seizure, followed by a generalized seizure.

Seizures may last as long as a few minutes.

Type of Seizure:	**How long it lasts:**	**How often:**	**What happens:**

Things that might trigger a seizure:
List any warning signs prior to a seizure occurring:
Describe the student's behavior following a seizure:
Describe care after a seizure:

9. SEIZURES continued

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Please list any medications your child receives:

Name of medication:	Dose/Time:
Name of medication:	Dose/Time:

Seizures | Key Source: Centers for Disease Control and Prevention (cdc.gov/epilepsy/about/types-of-seizures.htm)

Action Plan for School: (i.e. How the school team is to record/track events at school, when to call 9-1-1)

Other Considerations:

Parent Signature: _____ Date: _____

10. SERVICE DOG

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Service and Guide Dogs in Schools | Key Source: www.cagads.com

A trained service or guide dog performs specific tasks related to the specific disability of the student. Examples include guide dogs for students with visual impairments, hearing dogs for students with hearing impairments and service dogs for people who have other disabilities and conditions including but not limited to physical impairment, epilepsy and autism. It is recommended that dogs partnered with individual students in schools be trained by an accredited assistance dog school.

Provincial accessibility legislation and the Human Rights Code provide authority for assistance dogs to accompany their handlers in all public places including schools and buses. Service and guide dogs and their handlers receive specialized training to work together and consequently the dogs should present minimal risk to or impact on other people.

Child's Full Name:		Grade:
Type of Service Dog (circle one)	Therapy Autism Guide Hearing Service Other: _____	
Dog's Name:		

Name and contact information of the accredited service or guide dog school that provided the dog and training		
Receive copies of the required documentation		copy of current, official vaccination certificate for the dog
		copy of Assistance Dog Team ID card or letter from accredited program
		proof of municipal dog license, if applicable
School staff trained to handle the service dog		

Management Plan for the Care of the Service or Guide Dog

Note: Where possible and feasible, these responsibilities should be handled by the student in the same manner as at home.

Water needs: (e.g. provision of water bowl, procedures for use, cleaning etc.)

Bladder/Bowel Needs of Dog (e.g. – frequency, location, disposal etc.)

10. SERVICE DOG Continued

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Other considerations:

1. Hot weather_____

2. Winter weather _____

Student Specific Plan:

I/We understand that it is our responsibility to

- transport or walk the dog to and from school, or facilitate the use of bus transportation
- provide the required equipment and dog care items,
- work co-operatively with the school staff to make this process a success,
- assist the principal to communicate relevant information to the school community,
- provide the principal with required documentation in a timely fashion, and
- inform the principal of all relevant information that may affect our child, the other students, and/or staff d) I/we give permission for this information to be shared with the school community.

Parent Signature: _____ Date: _____

11. MEDICATIONS

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Is it the student's responsibility to come to receive medication?	No	Yes

Medication:			
Medication is to be:	☐ Administered only by staff member	☐ Self-Administered under supervision.	☐ Self-Administered
☐ Used when the following symptoms appear:			
Start/End of Prescription:			
Dosage Schedule:			
Person responsible for administering medicine:		Alternate Person:	
Location of Storage:			
☐ Attach a copy of the child's prescription to this form. ☐ Attach pharmacist printout of side-effects if any.			

With respect to the specific medication listed above, I hereby give my permission for Parkland School Division staff to administer the medication as prescribed. I make this request in the knowledge that school personnel have no special training or limited training in the administration of the medication. I acknowledge that it is my responsibility to inform the Principal of any changes in the administration of the medication. I acknowledge that any new request/authorization form for new medication, or for an alteration to the above, must be completed and given to the principal. In addition, I accept responsibility to ensure the safe transportation of these medications to the school. I hereby acknowledge that at my request the principal or designate has been authorized to administer the prescribed medication. I hereby release the principal and/or designate, my child's school, and Parkland School Division from any claim for harmful effects resulting from the administration of the prescribed medication, and I hereby agree to indemnify and save harmless the principal and/or designates and Parkland School Division from all claims that may result therefrom.

Printed Name of Key Responsible Parent	Signature of Key Responsible Parent

COMPLETE A SEPARATE FORM FOR EACH MEDICATION

12. MEDICAL DEVICES AND ASSISTIVE TECHNOLOGIES - OTHER

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

- Supports and/or devices related to Deaf/Hard of Hearing, Blind/Low Vision, or other conditions not covered under other categories

Name/Type of Specialized Equipment:	**Additional Training Required: Yes/No**
Usage of Specialized Equipment:	**Staff Members Responsible/trained: (List all)**
Maintenance Requirements:	**External Agencies:**

Additional Considerations:

Student Specific Plan:

Parent Signature: _____ Date: _____

13. HYGIENE/TOILETING

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Support with Hygiene/Toileting | Key Source: Adapted from Toileting Matrix- source unknown

Child's Full Name:		Class:

Considerations for a hygiene/toileting routine:

- need for additional personnel
- supplies for toileting e.g. diapers, gloves
- training for school staff
- specialized equipment needs
- physical environment

Circle level of student functioning in each row:

Hygiene/ Toileting skills	**Dependent**				**Independent**
Bladder /Bowel control	No awareness or control of bowel and/or bladder	Predictable bladder and bowel voiding patterns	Uses toilet with regular accidents day and night	Uses toilet with occasional accidents day and night	Full bladder and bowel control day and night
Awareness	May cry with bladder and bowel movements No awareness	Shows discomfort with soiled diapers or when needing to use the bathroom	Intentionally indicates the need to use the toilet (signs are learned by communication partner)	Asks to go to the toilet using a word, sign or visual	Able to tell others and wait if necessary to use the toilet
Postural Control	Utilizes a change table	Requires assistance to transfer to toilet uses adaptive equipment and direct support to sit on toilet	Requires assistance to transfer to toilet uses adaptive equipment and standby support to sit on toilet	Able to transfer independently to toilet uses adaptive equipment and standby support to sit on toilet	Transfers independently to toilet Sits without adaptive equipment
Accessing the bathroom	Accesses the bathroom with/without a mobility aid and direct support	Accesses the bathroom with/without a mobility aid and stand by support	Accesses the bathroom with/without a mobility aid and verbal prompts		Able to take themselves to and from the toilet independently
Clothing Management	Requires assistance for all steps	Cooperates with direct support to manage clothing	Actively assists to manage clothing with direct support	Attempts to remove and put on clothing independently with standby support	Removes and puts on clothing independently
Wiping	Requires assistance for all care		Can participate in some areas of care		Fully independent with care
Hand Hygiene	Requires physical assistance to wash hands	Able to copy actions to wash and dry hands	Able to follow verbal prompts wash wash and dry hands	Able to wash and dry hands with stand by assistance	Able to wash and dry hands independently

13. HYGIENE/TOILETING continued

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Location of bathroom to be used for hygiene/toileting routine:
School personnel trained for hygiene/toileting routine:
Specialized equipment:
Hygiene/toileting supplies:

Student Specific Strategies:
(i.e. frequency of hygiene routine, number of people if a lift/transfer is required, indications a student may be communicating the need to use the bathroom, other factors staff may need to consider)

Parent Signature: _____ Date: _____

14. OTHER: _____

This form shall be completed for each student who has one or more acute or chronic medical conditions such that additional supports, accommodation or assistance may be required.

Child's Full Name:		Class:

Indicators and/or Considerations:

Specialized Equipment:

Name of medication:	**Dose/Time:**
Name of medication:	**Dose/Time:**

Student Specific Plan:

Parent Signature: _____ Date: _____