



*Trinity Bellwoods Community
Children's Group/C.A.R.E.*

155 Crawford Street, Toronto, Ontario M6J 2V6 ☎ 416-537-9021

Individual Support Policy

Revised: Wednesday, May 8, 2019



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Policy:	Individual Support Policy
Cross Reference:	Withdrawal Policy, Medication Administration Policy,

Effective Date:	October, 2016
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Approval & Revision History:

Version #:	Approved By:	Approval Date:	Change(s) to Document
v. 1.0	Kristen Sharpe (Chair)	OCTOBER 2016	New policy

Purpose:

To ensure that an updated Individualized Support Plan (ISP) is in place for each child enrolled with special needs; that the programs for all rooms are structured to accommodate the ISP and that all rooms are inclusive of all children.

Applicable Law & References:

- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15, Part 1:1 (1)
- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15, Section 52(1)
- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15, Section 52(2)
- *Child Care Centre Licensing Manual August 2016; page 20*

Definitions / Acronyms:

For the purposes of this policy, the following definitions / acronyms apply:

A child with special needs is defined by the Child Care and Early Years Act Reg. 137/15, Part 1:1 (1) as “a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development are of such a nature that additional supports are required for the child.”

- **ISP** means Individualized Support Plan as described above and/or medical needs
- **CARE** means Trinity Bellwoods Community Children’s Group/CARE

Policy:

Trinity Bellwoods Community Children's Group/CARE ensures that an updated Individualized Support Plan (ISP) is in place for each child enrolled with special needs. Trinity Bellwoods Community Children's Group/CARE makes every effort to ensure that each room's program is structured so that it will accommodate the ISP of children with special needs while ensuring that the program is inclusive of all children.

Procedure:

If a special or medical need is identified during the course of enrolment or during the time at Trinity Bellwoods Community Children's Group/CARE, the parent/guardian is informed about the Individualized Support Plan (ISP) policy of Trinity Bellwoods Community Children's Group/CARE

1. With the parent/guardian's verbal &/or written (or email) agreement, the ISP process is initiated.
2. If the parent/guardian does not consent to have an ISP in place, the parent/guardian signs the "Consent for the refusal to the development of an Individualized Support Plan" This is placed in the child's record and the parents' rights are respected. However, if the parents/guardian are not willing to work with the daycare and the child is putting himself/herself or others at risk, the child may be asked to leave Trinity Bellwoods Community Children's Group/CARE (*see Withdrawal Policy*).
3. In preparation for the ISP meeting, the designated RECE and supervisor and/or program director review available records, program observations and documentation to identify the child's strengths and needs. This information is shared with the group at the ISP team meeting.
4. A meeting is scheduled with the parent/guardian. An invitation to attend the meeting, with parental consent, is provided to any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan. (*Child Care and Early Years Act, 2014, Reg. 137/15, Section 52 (2)*)
5. The parent/guardian, in conjunction with Trinity Bellwoods Community Children's Group/CARE staff, completes the initial ISP form.
6. The plan includes (as per *Child Care and Early Years Act, 2014, Reg. 137/15, Section 52 (1)*):
 - a) A description of how Trinity Bellwoods Community Children's Group/CARE will support the child to function and participate in a meaningful and purposeful manner while the child is at the daycare. This may include a descriptive statement of what meaningful and purposeful participation will be for the child that confirms the daycare's commitment to this goal.
 - b) A description of any support or aids, or adaption's or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a). This may include but is not limited to environmental supports (physical space, programming activities, and transitions), staffing supports (training, attitudes and perceptions) and skill building (supervision, mentoring, and modeling).
 - c) use of or interaction with the adapted or modified environment.

Instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's

7. The plan is signed by the parent/guardian of the child to indicate their participation in the plan and a copy is given to the family.
8. The plan is placed in the child's file.
9. The strategies identified on the plan are imbedded into the room programming. Information from the plan may be used in documentation posted in the room without identifying information.
10. The plan is reviewed as required, but no less than annually and involves the school age child, when deemed appropriate.
11. Trinity Bellwoods Community Children's Group/CARE staff, students and volunteers review all ISPs at least annually after the first review and at any other time when changes are made to a policy, procedure or ISP.
12. Trinity Bellwoods Community Children's Group/CARE staff implement the individualized support plan of each child with special needs.



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I / We) _____ parent(s) / legal guardian(s)

of _____ (child's first and last name)

Date of birth (yyyy-mm-dd) _____

voluntarily consent to becoming involved in the Every Child Belongs Special Needs Resource Service and allow for the referral to be sent and discussed with the Special Needs staff from

_____ (agency name)

I /We hereby authorize communication (written /verbal) between personnel of Trinity Bellwoods Community Children's Group/CARE to be shared with _____ (agency name) and to have a Resource Educator observe my child for the purpose of determining support needs.

Unless otherwise noted, this authorization is valid for the length of time my child is enrolled at Trinity Bellwoods Community Children's Group/CARE. I/ We understand that this consent to services can be revoked at any time and once my child is withdrawn from your centre, this authorization becomes null and void.

SIGNATURES			
First and Last Name of Parent/Legal Guardian	Relationship	Signature	Date (yyyy-mm-dd)
First and Last Name of Parent/Legal Guardian	Relationship	Signature	Date (yyyy-mm-dd)

- ☐ Copy given to Parent(s) / Legal Guardians (s)
- ☐ Copy put in child's file



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Consent for the Refusal to the Development of an Individualized Support Plan

It is the Policy of Trinity Bellwoods Community Children's Group/CARE that the center ensures that an updated Individualized Support Plan (ISP) is in place for each child enrolled with special needs. Trinity Bellwoods

Community Children's Group/CARE further ensures that our program is structured so that it accommodates the ISP of children with special needs while ensuring that the program is inclusive of all children.

Definition: *A child with special needs is defined by the Child Care and Early Years Act, 2014, Ontario Regulation 137/15, Part 1:1(1) as "a child whose cognitive, physical, social, emotional, or communicative needs, or whose needs relating to overall development are of such a nature that additional supports are required for the child"*

Procedure

The plan includes (Child Care and Early Years Act, Reg. 52 (1))

- A description of how Trinity Bellwoods Community Children's Group/CARE will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of Trinity Bellwoods Community Children's Group/CARE or provider.
- A description of any support or aids, or adaption's or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a); and
- Instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's use of or interaction with the adapted or modified environment.

I/We _____ have read the above information
(name of parent/guardian/individual)

and decline the development of an Individualized Support Plan for
my child (name of child) _____

Signature of Parent/Guardian

Date

Signature of Supervisor

Date



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Early Learning Individual Support Plan

*"Fostering the four foundational conditions that are important for children to grow and flourish:
Belonging, Well-Being, Engagement & Expression".*

- How Does Learning Happen? Ontario's Pedagogy for the Early Years (2014)

Creating a Plan - Child Care & Early Years Act (2014) Reg. 52

Taking the time to create an effective plan that meets the needs of the child, family, and early learning environment requires an opportunity to gather feedback from caregiver(s), Early Childhood staff and external professionals who are involved and actively working with the family. The plan should include:

- A description of how the early learning environment will support the child to participate in a meaningful and purposeful way while attending the program.
- A description of any supports, adaptation's or aids required within the physical, social and learning environment.
- Instructions relating to the child's use of the support, aids or adaptation's within the environment; as well as identifying the role of the Early Childhood professionals

The plan must be developed in consultation with caregivers and the child (if appropriate for the child's age) and external agencies actively involved with the family

Areas of Focus

Early learning for Every Child Today: A framework for Ontario early childhood settings (2006)

Social/Behaviour skills – A philosophy, environment and practice that values all forms of differences and encourages a sense of belonging for all children and families. Positive and beneficial interactions between adults and children that occur when adults observe and read children's signals and communication, and then respond with understanding to give the children a feeling of being cared for and cared about (Pg. 71)

Communication/Language and Literacy – Reading, writing and oral language abilities consisting of the following components: acquiring vocabulary and language, phonological awareness, knowledge of print, knowledge of letters and word, comprehension and meaning, awareness of story-telling, books and other texts and seeing literacy as a source of knowledge, information and pleasure. (pg 69)

Self-Help/Motor Skills – Specific processes, abilities and competencies that exist within each domain of development, and form the foundation pathways for learning and health that emerge early and are elaborated over time. (Pg 71)

Emotional/ Self-regulation – The ability to monitor and control emotions, behaviour and attention. The degree to which children feel at ease, act spontaneously, show vitality and self confidence, indicating their basic needs have been satisfied. (Pg 68)

Cognition – The construction of knowledge, learning strategies and ways of thinking and reasoning that enable children to learn about themselves, others and the world they live in. (Pg 65)



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Early Learning Individual Support Plan

Possible activities / routine and/ or equipment to support focus area/ developmental growth

Social /Behavioural Skills	Communication	Self –help/ Motor Skills
<ul style="list-style-type: none"> - Small group ratios - Minimize transitions - Priming - Prepare for changes in routine 	<ul style="list-style-type: none"> - Use concrete and specific language - Slow down language, one command at a time - Break tasks into smaller steps 	<ul style="list-style-type: none"> - Use the child's strengths and interests to promote engagement in the program - Visual supports

<ul style="list-style-type: none"> - Alter physical arrangement of the room - Provide adaptive equipment - Preferential cubby location - Visual timer - Reduce distractions and sensory overloads - Direct supervision during unstructured times 	<ul style="list-style-type: none"> - Use gestures, modeling, visuals, demonstrations with verbalizations - Engage attention visually, verbally and physically - Provide alternative forms of communication - Use visual cues, schedules - Provide scripts for language 	<ul style="list-style-type: none"> - Present new concepts in a concrete way - Indicate start and stop of activity - Pre-teach vocabulary, skills - Use timer/time management aids - Structured cooperative experiences - Decrease proximity between child and adult during instruction
<p style="text-align: center;">Motivational</p> <ul style="list-style-type: none"> - Visual cues - Meaningful experiences - Ensure comprehension - Utilize child's interests - Provide immediate feedback - First...then strategy - Naturally occurring reinforcers - Vary reinforcers and provide choice of reinforcers - Encourage, accept and teach choice making - Invite and encourage natural initiation of tasks - Visual timer 	<p style="text-align: center;">Emotional/Self-Regulation</p> <ul style="list-style-type: none"> - Direct supervision - Communication book - Teach relaxation strategies - Redirection - Distraction - Tangible rewards - Redirection - Distraction - Tangible rewards - Praise - Immediate feedback - First...then strategy - Red...Green strategy - Social narratives - Comic strip conversations - An item of the day 	<p style="text-align: center;">Cognitive</p> <ul style="list-style-type: none"> - Apply learning to real situations - Shorten or alter activities - Provide choice of activity - Teach expectations ahead of time through rehearsal - Wait time for processing or tasks completion - Chunk expectations into smaller tasks - Provide visual cues - Alternative seating/grouping

Tips and Tricks

Washroom Routine

Activities / routine and/or equipment strategies to support developmental growth	Teachers role
<ul style="list-style-type: none"> - Foster independence during hand washing routine by providing: - Stool in front of sink - Hand washing visual posted and at child's level to see - Adult and peer modeling, limited hand over hand support - Positive encouragement/Sticker reward 	<ul style="list-style-type: none"> - Ensure stool if at the sink prior to children entering the washroom - Staff will refer to visual schedule and review with all children during group gathering time and seek children's advice on where to post in the washroom - Reference the hand washing poster during routine

<ul style="list-style-type: none">- Transition item available after routine to aid in waiting for others	<ul style="list-style-type: none">- Wash hands with the children. Limit hand over hand, encourage independence through positive praise, verbal instruction and referencing the visual- Offer rewards after routine (stickers, praise, special activity)- Offer transition item when child is finished washing hand to aid with waiting- Split group when possible and minimize transitions
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Other:



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Early Learning Individual Support Plan

Child's Name		Date of Birth	
Caregivers Name(s)			
RECE's Name		Supervisor's Name	
Date of Plan/ Revisions			
Who Participated? (staff and agency name)			

Child's Profile:

Child's Strengths and interests	Areas that team wants to focus on



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Early Learning Individual Support Plan

Area of Developmental Focus			
Goals pertaining to child's area of need			
Possible activities/ routine and/or equipment to support focus area /developmental growth			
How to use supports or aids			
Who will be involved?			



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INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed 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: _____

Child's Date of Birth: _____

Photo of Child (Recommended)

Date Individualized Plan Completed: _____

Medical Condition(s):

- ☐ Diabetes ☐ Asthma
☐ Seizure ☐ Other:

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):

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

Parent/Guardian Signature:

Print name:	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

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

First and Last Name	Position/Role	Signature

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

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.
- Children's personal health information should be kept confidential.



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ANAPHYLAXIS EMERGENCY PLAN

(attach current photo of your
child here)

Child's

Name _____

Child's birth date:

Date developed:

Child's weight:

****Note: Review this information with the parents every school year or whenever their child's treatment changes. ****

This child has a potentially life-threatening allergy to:

- ☐ Peanuts
- ☐ Latex
- ☐ Tree Nuts
- ☐ Eggs
- ☐ Milk

- ☐ Animal hair
- ☐ Bee stings
- ☐ Medication: _____
- ☐ Other: _____

Epinephrine Auto Injector (Epi-Pen) Expiry Date: _____

Location of Epi-Pen: _____

Dosage:

- ☐ Epi-Pen Jr. 0.15mg
- ☐ Epi-Pen 0.30mg

- ☐ Allerject 0.15mg
- ☐ Allerject 0.30m

- ❑ **Asthmatic**- Child is at greater risk. If child is having a reaction and has difficulty breathing, give EpiPen **before** asthma medication.

Typical signs or symptoms of this child's reaction (check all that apply):

- ☐ **Skin:** hives, swelling, itching, warmth, redness, rash, swelling (eyes, lips, face, tongue) cold, clammy, sweating skin
- ☐ **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever-like symptoms (runny nose & watery eyes, sneezing), trouble swallowing.
- ☐ **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light headed, shock fainting or loss of consciousness, confusion
- ☐ **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea, stomach cramps
- ☐ **Other** (please describe):

ACT QUICKLY!

The first sign of a reaction can be mild, but symptoms can rapidly worsen

- ☐ **Give Epi-Pen** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
- ☐ **Give a second dose** in 10-15 minutes or sooner **IF** the reaction continues or worsens.
- ☐ **Call 911** tell them a child is having a life threatening allergic reaction. Request an ambulance immediately.
- ☐ **Call contact person**
- ☐ **Escort child in ambulance** and remain with child until parent arrives.



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ANAPHYLACTIC TRAINING & REVIEW RECORD

Child's Name: _____

Trainer's Name: _____

- ☐ Parent
☐ Physician
☐ Food Allergy Canada
☐ Other
- _____

Date of Training: _____

STAFF ONLY:

By signing below, it signifies that you have been trained, read, and will adhere to Trinity Bellwoods Community Children's Group/CARE Anaphylactic Policy and Procedures and the enclosed anaphylaxis emergency plan. This is to be reviewed and signed annually or at any time information changes.

Name	Position	Review Date	Signature	Witness

STAFF ONLY:

By signing below, it signifies that you have been trained, read, and will adhere to Trinity Bellwoods Community Children's Group/CARE Anaphylactic Policy and Procedures and the

enclosed anaphylaxis emergency plan. This is to be reviewed and signed annually or at any time information changes.

Name	Position	Review Date	Signature	Witness

STAFF ONLY:

By signing below, it signifies that you have been trained, read, and will adhere to Trinity Bellwoods Community Children's Group/CARE Anaphylactic Policy and Procedures and the



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AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the home child care agency's medication administration policy and procedures. This includes

Child's Full Name:

Child's Date of Birth:

Date Authorization Form Completed (dd/mm/yyyy):

Date Authorization Form Updated (dd/mm/yyyy):

**ATTACH
PHOTO
OF
CHILD
HERE**

Name of Drug or Medication (as per the original container label):	
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date: (dd/mm/yyyy)	
Authorization End Date: (dd/mm/yyyy or ongoing)	

Method of Medication Administration (initial below)

- ☐ ____ Trinity Bellwoods Community Children's Group/CARE is to administer the drug or medication to my child.
- ☐ ____ My child will self-administer the drug or medication (optional, for children who attend school only).

Authorization for Child to Carry Emergency Allergy Medication

- ☐ I authorize my child to carry their own asthma medication.
- ☐ I authorize my child to carry their own epi-pen medication.

Medication Administration Schedule

- ☐ The drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day / Intervals	Amount/Dosage	Additional Information (where applicable)

AND/OR, where drugs are to be administered on an 'as needed' basis:

- ☐ The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize **Trinity Bellwoods Community Children's Group/CARE** to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the home child care agency's medication administration policy.

I understand that the child care providers are not medically trained to administer drugs and medications.

Print name:	Relationship to Child:
Signature:	Date Signed: (dd/mm/yyyy)

Received By:

Print name:	Role:
Signature:	Date Signed: (dd/mm/yyyy)

For Agency/Provider Use Only

Location medication will be stored:

Date Medication Returned to Parent / Pharmacy (dd/mm/yyyy):



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ASTHMA ACTION PLAN

Parents to complete AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION to allow child to self-administer asthma puffer medication.

CHILD'S NAME: _____

AGE: _____

Child's birth date: _____

**ATTACH
PHOTO
OF
CHILD
HERE**

Date Plan developed: _____

****Note: Review this information with the parents every school year or whenever their child's treatment changes. ****

Known triggers for this child's asthma (check all that apply):

- ☐ cold viruses
- ☐ smoke and smoking
- ☐ allergies (e.g., dust, pollen, mould, feathers, animal dander, or other _____)
- ☐ odors' (e.g., paint fumes, aerosol sprays, cleaning materials, chemicals, perfumes, or other [e.g., foods] _____)
- ☐ strenuous exercise
- ☐ weather conditions (e.g., cold air, weather changes, windy or rainy days)
- ☐ vigorous crying or laughing
- ☐ Other (please specify): _____

Name of irritant/allergy Reaction (e.g., perfumes in cosmetics, soap, aftershave) (e.g., wheezing, coughing)

Is there a time of year when this child seems to have more asthma episodes?

- ☐ Yes
- ☐ No

If so, when? _____

Typical signs or symptoms of this child's asthma episodes (check all that apply):

- ☐ coughing
- ☐ difficulty breathing
- ☐ a wheezing or whistling sound when breathing out
- ☐ chest tightness

☐ Other (please describe): _____

Does child tend to develop a very severe episode very quickly?

☐ Yes

☐ No

Additional comments concerning episodes for _____ (child's name):

Emergency contact information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

Parent responsibilities:

- ☐ Provide asthma medication and replace puffers before the expiry date.
- ☐ Complete and sign (with the child's doctor if applicable) Asthma Plan and review annually or as changes develop.
- ☐ Fill out and sign a Medication consent form and record sheet for Trinity Bellwoods Community Children's Group/CARE.
- ☐ Make sure the child wears a MedicAlert bracelet or tag if needed.
- ☐ If the child has a food allergy, provide all meals and snacks from home.
- ☐ Discuss appropriate location of asthma medication with staff.
- ☐ Be involved with staff training for emergency use of epinephrine devices or puffers.
- ☐ Update Trinity Bellwoods Community Children's Group/CARE of any changes
- ☐ Additional information: _____

☐ Parent's initials _____

Trinity Bellwoods Community Children's Group/CARE responsibilities:

- ☐ Provide allergy awareness education and emergency training for all staff.
- ☐ Post the Asthma Plan prominently in relevant areas (e.g., snack area, office, main room)
- ☐ Alert substitute or new staff to the child's Asthma Plan and the location of asthma puffers.
- ☐ Implement "allergy-sensitive" policies.
- ☐ Have a back-up supply of "safe" foods (agreed to with parents) in case a lunch or snack from home is forgotten, or the child's pick-up is delayed because of weather or another emergency.
- ☐ Take asthma devices and the child's Emergency record along on any outing or field trip.
- ☐ An early childhood educator will supervise, or ride with this child in a bus or other vehicle (trips)

☐ Supervisors' Initials _____

I, the undersigned parent/guardian authorizes any adult to administer or assist my child _____

with his/her asthma medication in the event of a reaction as described above. This protocol has been recommended by the child's physician. I also consent to the posting of this plan in every room operated by Trinity Bellwoods Community Children's Group/CARE . I also consent to my child carrying his/her own asthma medication and I have completed a Medication Dispensing Form.

- ☐ I have attached a current photo of my child.
- ☐ I give permission for my child's photo to be placed on the Anaphylaxis Emergency Plan, and for that plan to be posted appropriately.

Parent/Guardian's signature _____ Date _____

Supervisor(s) Signature _____ Date _____

OR,

I, _____, the undersigned parent/guardian, understand that by not providing staff with training regarding my child, _____, in accordance with current provincial guidelines, I assume full responsibility for any potential health risks that may be involved in participation in programs provided by the Trinity Bellwoods Community Children's Group/CARE.

Parent/Guardian's signature _____ **Date** _____
Supervisor(s) Signature _____ **Date** _____

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