



INDIVIDUAL MEDICAL PLAN
 City of Hamilton Recreation Services
www.hamilton.ca/recreation

Medical Plan **MUST** be received at each location the participant is attending prior to the first day/start of their of program.

Program Attending: _____
 Location: _____

This form must be completed for a child who has one or more acute or chronic medical conditions such that they require additional supports, accommodation or assistance. If there is more than one medical condition, please complete separate forms.

Medical Information
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Medication (taken with staff support) <input type="checkbox"/> Other: _____
Does your child experience seizures, have an epi pen or use a feeding tube while in program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: _____ (additional forms are required)
BRIEF DESCRIPTION OF MEDICAL CONDITION:
Prevention and Supports
STEPS TO REDUCE THE RISK OF CAUSING OR ESCALATING THE MEDICAL CONDITION(S): <i>Include how to prevent medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)</i>
LIST OF MEDICAL DEVICES AND HOW TO USE THEM (If applicable): <i>(Include steps of proper use for things like blood glucose reader ; insulin injections: use of needles, insulin, disposal of needles, etc. or not applicable (N/A)</i>
LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (If applicable): <i>[e.g. device is stored in fanny pack inside left pocket of backpack, or not applicable (N/A)]</i>
SUPPORTS AVAILABLE TO THE CHILD (If applicable): <i>[e.g. nurse or trained staff to assist with feeding; adaptive feeding chair; or not applicable (N/A)]</i>
Symptoms and Emergency Procedures
SIGNS AND SYMPTOMS OF MEDICAL EMERGENCY: <i>Include observable signs and symptoms that staff should be alerted to or that would trigger support or assistance (e.g. low energy, device alerts, shortness of breath etc.); or not applicable (N/A)]</i>

PROCEDURES TO FOLLOW IF CHILD HAS A MEDICAL EMERGENCY: *Include steps to administer any medications, or anything to be aware of while waiting for emergency services/ parent or guardian; or not applicable (N/A)*

PROCEDURES TO FOLLOW DURING AN EVACUATION: *[(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate; or not applicable (N/A)]*

Care and Handling of Medication or Devices

INSTRUCTIONS FOR PROPER HANDLING AND CARE ON-SITE: Include medication/and or device storage/handling details, sanitation or cleaning instructions.

PROCEDURES TO FOLLOW DURING OFF SITE TRIPS: *Include how to plan for off-site excursions; how to assist and care for the child during a field trip or not applicable (N/A)]*

Prevention and Additional Information Related to Medical Condition (If Applicable)

Any additional concerns, comments, notes, instructions, or information that City of Hamilton employees should be aware of:

Contact information of the child's physician(s) or designee(s):

Name:

Phone:

Address:

Parental and/or Guardian Waiver Agreement & Consent

To ensure your child's safety in the City of Hamilton Recreation programs, parents/guardians are responsible for providing/obtaining the following:

- Complete the Medical Plan, with parent/guardian consent (below), and submit to the Recreation Supervisor before the start of your child's program;
- Provide Specific instructions in accordance to directions given from your child's physician or designee;
- Review and complete the Release of Liability, Waiver Of Claims And Assumption Of Risks Agreement; and
- Training staff paired with your child on the specific details of your child.

Release of Liability, Waiver Of Claims And Assumption Of Risks Agreement

I/We have requested additional support with a medical device or condition as outlined in in the above written instructions. I have been informed by my child’s or participants physician that the following procedures are medically appropriate for the child or participant named on the above Medical Plan. I have been informed by my child’s or participants physician that the child named is of stable medical condition for the layperson to safely administer care and support as outlined.

I/We understand that this service will be provided by a person **without medical or nursing training**. It is further understood that in the absence of the regular leader/instructor, a replacement leader will be assigned to the child or participant . I/We give permission to share the information given on this Medical Plan with all relevant staff involved with leading and supervising recreation programs.

I/We agree to provide the program staff and program facility with a written, updated medical statement whenever there is a change in the physician’s instructions with respect to information in this Medical Plan. It is further understood that keeping the facility staff informed is my responsibility. I/We further agree to provide the program staff and program facility staff with training and written instructions for how to provide care to my child or the participant. I/We confirm that **Dr. _____** at _____ (**phone number** _-_____-_____) has fully explained to me and my child/or participant, the nature, effect, and possible side effects of such treatment and I hereby acknowledge that I have read, completed and fully understand the following as it pertains to my child/ or participant:

- Medical Plan
- Feeding Tube Authorization
- Anaphylaxis or Seizure Emergency Plan
- Specific Care Information
- Parental and/or Guardian Waiver Agreement & Consent

In the event that the emergency procedures need to be followed, parents/guardians and emergency contacts will be contacted in the order listed below. I/We understand that it is our responsibility to ensure these numbers are accurate and up to date.

Emergency Contacts			
Contact Name	Relationship	Day Time Phone	Cell Phone

Parental and/or Guardian Consent Sign-Off

I, _____ the parent/guardian of _____, have read the Release Of Liability, Waiver Of Claims And Assumption Of Risks Agreement and give the City Of Hamilton Recreation Division staff, permission to support my child as needed and/or administer tube feed or medication to my child as per the information and instructions outlined on the above form.

Name (print): _____ **Parent/Guardian 1**
 Signature: _____ Date: _____

Name (print): _____ **Parent/Guardian 2**
 Signature: _____ Date: _____

