Health Alert Safety Plan

COMPASS ELC
Centre Based Care/HCC

Name:

Date of Birth:

Medical Condition:

Steps to reduce the risk of causing or worsening the medical condition:

Please complete and attach the **Medication Authorization** form and attach the **Medication Administration & Medical Supports Record.**

☐ My child is allowed to carry his/her emergency medication on his/her person and may self-administer it, only with the support of a staff member or Home Child Care Provider.

SYMPTOMS AND EMERGENCY PROCEDURES

Observable Signs and Symptoms:

When Symptoms Occur: Action Plan (see Medication Authorization form if medication is to be administered)

In the event of a medical emergency:

1. **Call 911 to request an ambulance. State medical emergency, program name and child's name.**
2. **Call Contact** _____ **at** _____
   (Name) (Phone #)
3. **If Contact not available, call Emergency Contact:**

   _____ **at** _____
   (Name) (Phone #)

Medical device(s) and instructions for use: (e.g. feeding tube, stoma, glucose monitor)

Location of Medical Device(s): _____

Supports available to child: (e.g. nurse or other non-Compass staff)

Special Instructions:

During an emergency evacuation:

During an excursion:

I authorize and instruct any Compass Early Learning and Care staff member or HCC Provider to administer medication to my child for the purpose of providing temporary emergency response to a perceived life-threatening occurrence. I shall not hold the medication administrator or Compass Early Learning and Care liable for any action whatsoever which may arise out of the medication administration.

This plan was developed in collaboration with the following persons:

Parent/Guardian Date

Compass ELC Representative Date

Additional Consultant Date

Date