

Individual Care Plan (2025-2026)

Student Name:	Grade:
Sport:	Date:

Parent/Guardian Name:	1st Contact No.:
Parent/Guardian Name:	2nd Contact No.:
Emergency Contact Name:	Emergency Contact No.:
Alberta Health No:	

Description of significant health concern

Date of diagnosis: _____

Identify the health condition/concerns affecting the student

Current medications including dosage, instructions for administration, storage location (with student, main office)

Include possible side effects

General precautions/Avoidance measures

Identify triggers; things to avoid that might bring about a reaction or response (foods, activities, situations, etc)

Signs and Symptoms

Describe signs and symptoms of reactions or medical concerns that would indicate an emergency response is needed

Emergency response (Edge staff will call 911 and parents)

Specific instructions in the case of an emergency (administration of medication, etc.)

Monitoring

Identify steps that the student or supervisor should take to monitor this condition. List signs or symptoms that may indicate that the condition is not under control or that medication needs to be adjusted.



EDGE SCHOOL

Accommodations and Special Considerations

List any adaptations or strategies that will assist your child in participating as fully as possible in school activities.

Parent/Guardian signature: _____ Date: _____

Principal/Designate signature: _____ Date: _____

