

Kids Connection Personal Allergy Action Plan

This plan will help staff to work with parents and physicians in managing a child's allergy. The parent or physician should fill out this plan and update it as necessary.

Name: _____ Birthday: _____

1. In an emergency contact:

Parent: _____ Phone: _____

Parent: _____ Phone: _____

Doctor: _____ Phone: _____

2. Please indicate what your child's allergic to:

Animal dander (name which animals): _____

Food (name which ones): _____

Seasonal (from grass, plants, pollen): _____

Molds Perfumes Dust

Other: _____

3. Allergy Symptoms (indications that an allergic reaction may be starting):

4. Treatment for the allergy:

5. Medications:

Medication: _____ Dose: _____ Time: _____

Parent's Signature

Date