Allergy Care Plan

Date Received by Child Care:

CHILD INFORMATION

Child's Full Name **Group/Classroom**

EMERGENCY CONTACTS

**The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name	Relationship	Phone #
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CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and <u>symptoms</u> of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and <u>prevent</u> an emergency:

EMERGENCY RESPONSE PLAN

List the <u>steps and procedures to follow during an emergency</u> related to your child's allergy:

MEDICATIONS*

Medication Authorization Form must be completed for each medication

Describe symptoms that would prompt emergency medication to be given.

- ☐ Antihistamine
- ☐ Inhaler
- ☐ Epi-pen
- ☐ Other

List medication to be given during an emergency:

Name of Medication	Dosage	Directions	Expiration Date

**If epinephrine is administered, emergency medical services must be contacted immediately, and OCC within 5 days.*

SIGNATURES

Parent or Guardian Signature Date

Health Care Provider Signature (recommended) Date