



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 symptoms of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and prevent an emergency:

EMERGENCY RESPONSE PLAN

List the steps and procedures to follow during an emergency 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
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**If epinephrine is administered, emergency medical services must be contacted immediately, and CCLD by 5pm the next business day.*

SIGNATURES

Parent or Guardian Signature

Date

Health Care Provider Signature (recommended)

Date