



# The Cartwright School

1647 Cartwright School

Missouri City, Texas 77489

Email: [tcschool1647@gmail.com](mailto:tcschool1647@gmail.com) Phone/Fax: (281) 437-6300 / 6301

## TCS Food Allergy Plan

(This form must be completed by the childcare facility, parent/guardian AND your child's healthcare provider)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency Contact Information

Contact(s):	Name / Relationship	Phone Number(s)	
		Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

**\*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND IMMEDIATELY CALL 911.**

**The Child Care Facility will:** *(Childcare facility will check the following boxes)* .....

- Reduce exposure to allergen(s) by: no food sharing, keeping an updated list of children with food allergies, etc.
- Ensure proper handwashing procedures are followed
- Observe and monitor child for any signs of allergic reaction(s)
- Ensure that medication is **immediately** available to administer in case of an allergic reaction (in classroom, playground, field trips, etc.)
- Ensure that a person trained in Medication Administration accompanies child on any off-site activity
- \_\_\_\_\_

**The Parent/Guardian will:** *(Parent will check the following boxes)* .....

- Ensure the childcare facility has **ANY** and **ALL up-to-date/current** information of child's known allergies
- Ensure **ALL** contact information is **current** in the event of an emergency
- Ensure the childcare facility has a sufficient supply of emergency medication
- Adhere to the policies regarding medication as stated in Operational Policies and replace medication prior to the expiration date
- Monitor any foods served by the childcare facility by viewing posted menu and make substitutions or arrangements with management and/or cook, if needed.
- \_\_\_\_\_

By signing this document, you are hereby authorizing the childcare provider to administer the medication(s) prescribed by the child's healthcare physician / provided by the parent/guardian as indicated on page 2 of this form.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Director Signature & Date



# The Cartwright School

1647 Cartwright School

Missouri City, Texas 77489

Email: [tcschool1647@gmail.com](mailto:tcschool1647@gmail.com) Phone/Fax: (281) 437-6300 / 6301

## TCS Food Allergy Plan

**THIS PORTION IS TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROFESSIONAL**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please List **ALL KNOWN** Food Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Is the child **ASTHMATIC**?       No       Yes (If Yes = Higher Risk for Severe Reaction)

### TREATMENT (please check one of the following medications)

Symptoms: The child has ingested a <b>food allergen</b> :	Give this Medication	
	Epinephrine	Antihistamine
But is <b>NOT</b> exhibiting or complaining of any symptoms		
<b>Mouth</b> : itching / tingling / swelling of lips, tongue or mouth ("mouth feels funny")		
<b>Skin</b> : hives / itchy rash / swelling of the face or extremities		
<b>Gut</b> : nausea / abdominal cramps / vomiting / diarrhea		
<b>Throat*</b> : difficulty swallowing ("choking feeling") / hoarseness / hacking cough		
<b>Lung*</b> : shortness of breath ("can't breathe") / repetitive coughing / wheezing		
<b>Heart*</b> : weak or fast pulse / low blood pressure / fainting / pale / blueness		
<b>Other</b> :		
<b>If reaction is progressing</b> (several of the above areas are affected)		

*\*These are potentially life-threatening. Please be mindful that the severity of symptoms can quickly change.*

**IMPORTANT:** Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis (a severe, potentially life-threatening allergic reaction).

### APPROVED MEDICATIONS:

Medication Name/Brand -	Dose to Administer -
Epinephrine:	
Antihistamine:	
Other:	

\*Please provide additional information (brochure or flyer) on how to successfully administer epinephrine or how to use an EpiPen.

Additional Physician Notes: \_\_\_\_\_

### EMERGENCY CALLS

**1) CALL 911** whenever Epinephrine has been administered. **2) Call the parent.** State that an allergic reaction has been treated and additional epinephrine may be needed. **3) Stay with the child.**

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_