



# 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 # |
|------|--------------|---------|
|      |              |         |
|      |              |         |
|      |              |         |

| Name | Relationship | Phone # |
|------|--------------|---------|
|      |              |         |

| Name | Relationship | Phone # |
|------|--------------|---------|
|      |              |         |

## 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 |
|--------------------|--------|------------|-----------------|
|                    |        |            |                 |

*\*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