



2019-2020 INDIVIDUAL CHILD CARE PROGRAM PLAN FOR ALLERGIES

Child Information:

Child's Name: _____ Allergy: _____

Allergy Information:

Describe any specific triggers and the symptoms your child experiences when exposed to an allergen.

Treatment:

Describe the treatment/medication administration (type, dosage, etc) when your child is exposed to an allergen.

Emergency Contact Information

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

Parent Information:

Parent/Guardian Name (#1): _____

Home Phone: _____ WorkPhone: _____ Cell Phone: _____

Parent/Guardian Name (#2): _____

Home Phone _____ WorkPhone: _____ Cell Phone: _____

Health Care Information

Primary Health Provider's Name: _____ Phone: _____

Name of Clinic: _____ Phone: _____

Authorization is hereby given to the child care provider to obtain emergency medical care or treatment in the event of an emergency. Yes or No

Specific Allergy Action Plan by Center Staff

- Train staff on each child's specific allergy and response plan
- Staff preparing food will check food labels and be knowledgeable about food allergies
- Post allergies near areas where food is served, prepared, and transported.
- Bring a list of allergies and medications along on off-site trips
- Reduce exposure to allergens by not sharing food
- Ensure proper hand washing procedures are followed
- Observe and monitor child for any signs of allergic reactions
- Ensure that medication is available to administer in case of an allergic reaction

The Parent/Guardian will:

- Ensure the child care facility has a sufficient supply of emergency medication
- Replace medication prior to the expiration date
- Alert the staff of any changes (such as a new allergy has been discovered) by filling out a new ICCPP form

Parent/Guardian Signature Printed Name Date

Staff Signature Printed Name Date

Staff Signature Printed Name Date