



## Plan of Care for Allergies

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Program Site: \_\_\_\_\_ School Year \_\_\_\_\_

Does your child take prescription medication for the prevention or treatment of their allergies? \_\_\_Yes \_\_\_No

If your child participated in an outside activity or field trip would they be required to take any medication for them for the prevention of an allergic reaction? \_\_\_ Yes \_\_\_No

### Medications your child uses for prevention of his/her allergy:

(\*Please list medications for Emergency treatment of an allergic reaction on next page.)

Name of Medication	Dosage	Time(s) of day given

Would any of the above medication(s) need to be given during program hours? \_\_\_Yes\* \_\_\_No

*\*If yes, a medication form must be filled out by the physician and returned **before** your child can receive any medication.*

### Identify the things that could start an allergy episode (check any that apply child)

- |                                   |   |   |                                     |
|-----------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Bee/Insect Sting | <input type="checkbox"/> Change in temp         | <input type="checkbox"/> Dust mites |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Latex            | <input type="checkbox"/> Molds                  | <input type="checkbox"/> Pollens    |
| <input type="checkbox"/> Smoke    | <input type="checkbox"/> Strong odors     | <input type="checkbox"/> Respiratory Infections |                                     |
| <input type="checkbox"/> Foods*   | _____                                     |   |                                     |
| <input type="checkbox"/> Other    | _____                                     |   |                                     |

*\*Must have a physician signed Medical Statement for Children with Special Dietary Needs on file for the program's nutrition program.*

### Control of the Program environment:

List any environmental control measures, pre-medications &/or dietary restrictions that your child needs to avoid an allergy episode: \_\_\_\_\_  
 \_\_\_\_\_

### Outside activity & field trips (List the medications that must accompany your child on these activities)

Name of Medication	Dosage	When to use

**YOUR child's symptoms of an allergic reaction:** (Please check those that apply)

- \_\_\_ **Mouth/throat:** itching & swelling of lips, tongue, mouth, throat, cough, hoarseness, or difficulty swallowing
- \_\_\_ **Skin:** hives, itchy rash, swelling, or flushes or unusually pale skin color
- \_\_\_ **Lung:** difficulty breathing, shortness of breath, coughing, or wheezing
- \_\_\_ **Gut:** abdominal cramps, nausea, vomiting or diarrhea
- \_\_\_ **Heart:** fainting, or pulse is hard to detect
- \_\_\_ **Other:** \_\_\_\_\_

**The usual procedures at LEARN for a child having a suspected allergy episode:**

1. If the above symptoms occur, administer the medication(s) listed below.
2. Have the child lie down.
3. Do not give the child anything by mouth, except emergency medications.
4. Monitor airway, breathing and circulation.
5. If severe allergic symptoms develop (hives all over the body, severe swelling of the eyes, skin, tongue or throat, wheezing, nausea, vomiting, diarrhea or fainting) a call for **Emergency Medical Services will be made**.
6. Parent/guardian will be notified of any allergic symptoms, whether mild or severe.
7. Any special instructions from parent or physician: \_\_\_\_\_

**EMERGENCY Allergy Medication(s):**

Name	Amount	When to use

**Did you provide LEARN with an Epi-Pen or other emergency medication?    \_\_\_ Yes\*    \_\_\_ No**

*\*If you provide the program with an **epi-pen or other emergency medication**, a medication form **must** be filled out **before** your child can receive any medication.*

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

\_\_\_\_\_  
*Site Director Signature & Date*

**Review of above information and signature for \_\_\_\_\_ school year in LEARN.**

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

\_\_\_\_\_  
*Site Director Signature & Date*

**Review of above information and signature for \_\_\_\_\_ school year in LEARN.**

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

\_\_\_\_\_  
*Site Director Signature & Date*