

## ALLERGY HEALTH CARE PLAN

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

Dear \_\_\_\_\_:

The forms you submitted for \_\_\_\_\_ indicate he/she has a food allergy.

We would appreciate the following:

1. A detailed description of the foods your child is allergic to and symptoms of a reaction. You may use the Emergency Health Care form enclosed.
2. At least three small pictures of your child. These will be displayed in the classroom, in the office and in other rooms so that the staff can see them.
3. A signed letter from your doctor with instructions to follow in the event that your child experiences an allergic reaction. You can use the enclosed Emergency Health Care form.
4. Two epinephrine kits, if prescribed (i.e. EpiPen Jr.® ) or other medication to be used if an allergic reaction occurs.

Your speedy attention to the above matter is appreciated. We would welcome an opportunity to meet with you to discuss how we can implement a personalized health management plan.

Sincerely,

Executive Director Crème de la Crème

P.S. Please provide the above by \_\_\_\_\_.

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

Child's Teacher: \_\_\_\_\_

Please indicate if your child is allergic to:

**Foods:**

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

**Insect Bites:**

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

**Other:**

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

Please note: Lunch or snacks may only be supplemented by parents by providing Crème de la Crème with a doctor's authorization, which will be kept on file.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**ALLERGY HEALTH CARE PLAN**



ALLERGY TO: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Asthmatic**  Yes (High risk for severe reaction)  No

**Signs of an allergic reaction include:**

**Systems:**

***Symptoms***

- ▶ Mouth                      Itching & swelling of the lips, tongue, or mouth
- ▶ Throat \*                    Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- ▶ Skin                         Hives, itchy rash, and/or swelling about the face or extremities
- ▶ Gut                         Nausea, abdominal cramps, vomiting, and/or diarrhea
- ▶ Lung \*                      Shortness of breath, repetitive coughing, and/or wheezing
- ▶ Heart \*                     “thready” pulse, “passing-out”

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation!

**ACTION:**

1. If ingestion is suspected, give \_\_\_\_\_ medication/dose/route and \_\_\_\_\_ immediately!
2. CALL RESCUE SQUAD: \_\_\_\_\_
3. CALL: Mother \_\_\_\_\_ Father: \_\_\_\_\_ or emergency contacts.
4. CALL: Dr. \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Doctor's Signature                      M.D.                      Date

**EMERGENCY CONTACTS**

1. \_\_\_\_\_  
Relation:                      Phone: \_\_\_\_\_
2. \_\_\_\_\_  
Relation:                      Phone: \_\_\_\_\_

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_ Room \_\_\_\_\_
2. \_\_\_\_\_ Room \_\_\_\_\_
3. \_\_\_\_\_ Room \_\_\_\_\_

**For children with multiple food allergies, use one form for each food.**