



Allergy Care Plan for a Child with Diagnosed Food Allergies

CHILD'S INFORMATION

Child's Name: Child's Date of Birth:

Name of the Child's Health Care Provider:

Diagnosed Food Allergies:

Steps to be taken in the event of a suspected or confirmed allergic reaction:

FACILITY INFORMATION

Signature of Authorized Program Representative: I understand that it is my responsibility to follow the above plan. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that the staff who provide all treatment and administer medication to the child listed in the allergy care plan must have received Medication Administration Training; is CPR and first aid certified; or has a license that exempts them from training; and have received any additional training needed.

Facility Name:

Facility Address:

Facility Phone Number:

Authorized child care provider's name(please print):

Authorized child care provider's signature:

Date:

PARENT AND HEALTH CARE PROVIDER CONSENT

Signature of Parent or Guardian:

Date:

Signature of Health Care Provider:

Date: