

SPECIAL CARE PLAN FOR A CHILD WITH AN ALLERGY

CHILD'S NAME: _____ DATE OF BIRTH: _____

FACILITY NAME: Ka Hana Pono Daycare and Preschool

Parent(s) or Guardian(s) Name: _____

Emergency Phone Numbers: _____

Parent(s) or Guardian(s) Name: _____

Emergency Phone Numbers: _____

Primary Health Provider: _____ Emergency Phone: _____

Specialists Name (if any): _____ Emergency Phone: _____

Description of Allergy:

Describe what signs/symptoms looks like:

Describe known triggers:

Describe Treatment:

Possible side effects:

Program modification needs:

When to call parent / health provider regarding symptoms or failure to respond to treatment:

When to consider what condition requires urgent care or reassessment:

Physicians Name: _____

Physicians Signature: _____ Date: _____

Preschool Allergy/Medical Action Plan

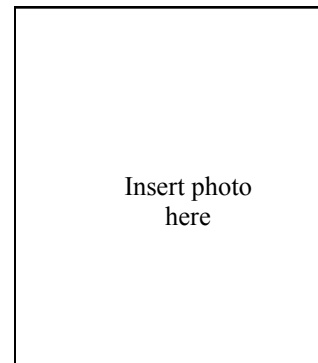
All children who have allergies/medical conditions listed on WCR information forms should complete this form

Child's Name _____

Birthdate _____ Teacher _____ School Year _____

ALLERGY TO / MEDICAL CONDITION:

(be specific concerning level of contact to allergen that triggers reaction)



1. Briefly describe what happens to your child during an allergic reaction:

2. What steps do you want school personnel to take if your child develops an allergic reaction/medical condition? (If your instructions include giving medication, you must provide the medication in its original labeled container and the proper dosage.) Please write legibly, be specific, and list steps in the order they should occur. **Note: If symptom are severe, or if an epi-pen has to be used, preschool personnel will call 911.** Your signature below is authorizing Wake Cross Roads staff to administer the medication and/or follow your instructions below.

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3. Preschool personnel must be able to reach parents if an allergic reaction occurs. Please list phone numbers where we could most easily reach you during preschool hours.

Mother: _____ Phone: _____

Father: _____ Phone: _____

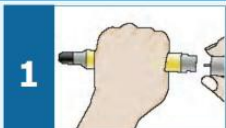



4. In the event you cannot be located, please list names and phone numbers of the physician and another emergency contact who is familiar with your child's allergy.

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Parent Signature: _____ Date: _____

How to give EpiPen® or EpiPen® Jr

			
1 Form fist around EpiPen® and pull off grey cap.	2 Place black end against outer mid-thigh. Support the child.	3 Push down HARD until a click is heard or felt and hold in place for 10	4 Remove EpiPen® and be careful not to touch the needle. Massage