firefly
FAMILY COLLECTIVE

REQUIRED IF ALLERGIES

Allergy Care Plan

Oregon DELC PR-0482 · one plan per child

✦CHILD INFORMATION

CHILD'S FULL NAME

GROUP / CLASSROOM

DATE RECEIVED BY CHILD CARE

✦EMERGENCY CONTACTS

A parent must be notified **immediately** of any suspected allergic reaction, or if the child came into contact with the allergen — even if a reaction did not occur.

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

✦YOUR CHILD'S ALLERGY

MY CHILD HAS A SEVERE ALLERGY TO

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION (INCLUDING ASTHMA, IF APPLICABLE)

HOW TO AVOID THE ALLERGEN AND PREVENT AN EMERGENCY

✦EMERGENCY RESPONSE PLAN

The steps and procedures to follow during an emergency related to your child's allergy.

✦MEDICATIONS

A **Medication Authorization Form must be completed for each medication.** If epinephrine is administered, emergency medical services must be contacted immediately, and the Office of Child Care within 5 days.

SYMPTOMS THAT WOULD PROMPT EMERGENCY MEDICATION

MEDICATION TYPE

- ☐ **Antihistamine**
- ☐ **Inhaler**
- ☐ **Epi-pen**
- ☐ **Other**

NAME OF MEDICATION	DOSAGE	DIRECTIONS	EXPIRATION

Signatures

PARENT OR GUARDIAN SIGNATURE

DATE

HEALTH CARE PROVIDER SIGNATURE *(RECOMMENDED)*

DATE