

Medication/Environmental Allergy Care Plan

Purpose: Children with medication and/or environmental allergies should have the allergy documented in the child's health record with a care plan signed by the parent/guardian with actions to be taken to avoid the allergen while in child care.

For other allergies requiring possible medical intervention (e.g.: food allergies, anaphylaxis) the action/care plan is required to be completed and signed by the child's physician. Refer to the <u>Healthy Child Care Iowa</u> website for additional action plans and care plans.

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

Allergy to: _____

Parent/guardian: please read and initial both of the following statements:

- My child does NOT experience anaphylaxis (a severe, life-threatening allergic reaction) to the above allergy. Parent/guardian Initials _____
- My child does NOT require emergency medication for the above allergy.
 Parent/guardian Initials ______

Place a check mark below for type of allergy and common symptoms:

Actions to be taken at child care to avoid the allergen:	_
Other (list type of allergy and symptoms):	
Insect Stings: symptoms include redness, swelling and itchy skin at site of sting (if insect sting allergy results in anaphylaxis this form is not appropriate, the physician must complete and sign the Anaphylaxis Action Plan)	
Pet Dander: symptoms include cough, itchy, watery eyes, and hives	
Mold Allergy: symptoms include cough, itchy, watery eyes, and hives	
Seasonal Allergies: sneezing, runny nose, and red, watery, itchy eyes	
Latex Allergy: skin irritation (if latex allergy results in anaphylaxis this form is no appropriate, the physician must complete and sign the Anaphylaxis Action Plan))t
Contact Dermatitis: red irritated skin or rash. Occurs when skin comes into contact with the following irritant(s):	-
Medication Allergy: hives, rash, and fever	

Parent/guardian Signature: _____ Date: _____