

TO BE COMPLETED BY CHILD CARE PROVIDER

Techniques to avoid exposure: _____

Who will take charge of the situation if a reaction occurs? _____

Where will the medications needed for a reaction be kept? (Recommend in the same room or location as the child) _____

Where in the program will the child receive care when a reaction occurs? _____

What will the staff do if the child is?
...On the playground? _____
...On a field trip? _____

Where will the medications be kept while on a field trip: _____

Who will call the Emergency Medical System (911)? _____

Who will call the parents/guardian? _____

Who will go with the child to the hospital and stay until the parents can assume responsibility?

Who will care for the other children if the caregiver must take the allergic child away from the group? _____

Is the allergy **with** the child's picture prominently posted in the kitchen **and** the eating area?
Yes / No

TRAINED CHILD CARE PROVIDERS: (Must be reviewed with any changes in the plan, if needed, attach more signatures to this form)

1. _____ Date: ___/___/___
2. _____ Date: ___/___/___
3. _____ Date: ___/___/___
4. _____ Date: ___/___/___
5. _____ Date: ___/___/___

Plan of care written in collaboration with:
Director: _____ Date: ___/___/___

Projected date of plan re-evaluation: (Reviewed and signed by licensed physician, psychiatrist, psychologist, or consulting psychologist at least annually) Date: ___/___/___