Date:_____

Food Allergy Emergency Care Plan

Child's Name: _____ DOB: _____
Parent/Guardian:_____ Phone#: _____

Fill out a separate emergency care plan for each diagnosed/un-diagnosed chronic medical condition, allergy, sensitivity, special need and/or any health concern.

Food Allergy:

_____

Is this a LIFE-THREATENING condition? **YES** or **NO**

Diagnosed by: **Parent** **Health Care Provider** **Non-Diagnosed**

Severity or allergy? **Intolerance Only** **Mild** **Moderate** **Severe**
Other: _____

What can trigger a reaction? **Eating It** **Touching It** **Smelling It** **All**
Other: _____

Describe the signs and symptoms that would indicate the need to implement the emergency plan:

_____

_____

_____

Medication prescribed? **YES** or **NO** ***(if no, skip to prevention plan section)***

Name of Medication: _____**Dosage Amount of Medication:** _____

Name of Medication: _____**Dosage Amount of Medication:** _____

Name of Medication: _____**Dosage Amount of Medication:** _____

Location of medication(s)

_____

Prevention plan to avoid allergens:

_____

Steps staff will take to prevent food sharing:

_____

Date Program Staff and Unsupervised Volunteers were trained on the symptoms of anaphylaxis:

DATE: _____ Staff Initials: _____

DATE: _____ Staff Initials: _____

Serious Accident/Injury Plan *(Non-doctor diagnosed sensitivities may not require serious accident/injury plan)*

If the child develops the symptoms listed, the team will take the following actions:

-

Staff responsible**:**_____ **Call 911**

Staff responsible:_____ **Administer prescribed epinephrine injector/ Epi-Pen**

Staff responsible**:** _____ **Administer prescribed medication**

Staff responsible**:**_____ **Call parent**

Staff responsible**:**_____ **Remove children from view when administering Emergency medication**

Additional action notes if needed:

_____

_____

Fire, Tornado, Natural or Human-Caused Event, and Crisis Management Emergency Plans

During a fire, tornado, natural or human-caused event, and crisis management emergency, staff will follow individual emergency plans Staff will accommodate for the child with a chronic medical condition, a special need and/or any health concern requiring an Emergency Care Plan.

Staff responsible for assisting child:_____

Staff responsible for transporting medication (if applicable):_____

Describe other emergency plan accommodations:_____