

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: ____/____/____