East Hartford YMCA
ALLERGY SPECIAL CARE PLAN

Child's Name: _____ **Date of Birth:** _____

Child is allergic to: _____

Steps to take during an allergy episode:

(Physician, please check all that apply)

1. If the following symptoms occur, give the medication listed below:
   - **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
   - **Skin:** hives; itchy rash; swelling
   - **Gut:** nausea; abdominal cramps; vomiting; diarrhea
   - **Lung:** shortness of breath; coughing; wheezing
   - **Heart:** pulse is hard to detect; "passing out"
   - **Other:** _____

***If child has asthma, asthma symptoms may also need to be treated.**

Emergency Allergy Medications

Emergency Asthma Medications

Name of Medication	Amount	When to Use
1.		
2.		
3.		
4.		

__No medication required while attending child care program

**Doctors initials are required*

__Medication form and medication on site

**Special Instructions: _____

_____

2. Notify parent/guardian immediately if emergency medication is required
3. Call 911 if:
   a. An epi-pen has been administered.
   b. The child's condition continues to deteriorate or the child has not improved within 15 minutes after treatment began or if parent/guardian and emergency contacts cannot be reached.
4. Accompany child to hospital or care facility if parent has not arrived bring registration and medical forms.

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Child's Name: _____ **Date of Birth:** _____

Physician's name: _____

Physician's signature: _____

Phone number: (____) - _____ Date: _____

Parent's name: _____ Parent's signature: _____

Staff Signatures:

I have read and understand the attached Asthma Care Plan for: _____
(Child's name)

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Name: _____ Teacher's Signature: _____

Teacher's Name: _____ Teacher's Signature: _____

Child Care Director: _____ Date: _____

Child's doctor and Child Care facility should keep a current copy of this form in child's record.