



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ALLERGY CARE PLAN

## YMCA OF GREATER HARTFORD

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child is allergic to: \_\_\_\_\_

**Steps to take during an allergy episode:**

1. If the following symptoms occur, give the medication listed below: (please check the following)

- 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.\***

**ALLERGY MEDICATIONS**

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

\*Authorization for the Administration of Medication form must be on file for each medication.

**MEDICATION REQUIREMENTS:** (check one)

\_\_\_\_\_ No medication required while attending the YMCA program. Physician initials required: \_\_\_\_\_

\_\_\_\_\_ Medication required at the YMCA program. (Bring original prescription to first day of the program, label clearly showing camper's name, birthday, and expiration date)

**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 the child's registration and medical forms.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Parent's signature: \_\_\_\_\_



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## STAFF SIGNATURES

I have read and understand the attached Care Plan for: \_\_\_\_\_

(Child's Full Name)

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's doctor and YMCA program should keep a current copy of this form in child's record.**