



Allergy Care Plan

It is required that this form be returned and on file for ALL children, even if your child has no known allergies. Two contact phone numbers must be listed at the bottom.

Child's Name _____ Classroom: _____

* IMPORTANT *

If your child has allergies which require emergency medications such as **Epi-pens, Benadryl, or Inhalers**, a *Medicine Consent Form* must be completed and signed by a physician along with the medication in original packaging and clear directions written on the Rx label. **Symptoms and steps to be taken must be clear, thorough, and consistent on this form, the Medicine Consent Form, and the Rx label.** If your child needs any emergency medications to be kept a school, the *Medicine Consent Form* may be retrieved in the office.

My child has no known allergies at this time.
Please update this form if an allergy is identified later in the school year.

My child is allergic to the following (List each allergen separately, using back of form if needed):

Allergen: _____

Symptoms to look for: _____

Steps to be taken when symptoms appear: _____

Allergen: _____

Symptoms to look for: _____

Steps to be taken when symptoms appear: _____

Allergen: _____

Symptoms to look for: _____

Steps to be taken when symptoms appear: _____
