

Pattycake Playhouse
ALLERGY ACTION PLAN

Child's Name: _____

Date of Birth: _____

This child is allergic to: _____. All products containing this ingredient must be avoided. Check labels of prepared and processed foods. Parents and childcare provider will communicate about food offered during classroom celebrations. The following medication is available for treatment and a written medication consent form is completed and on file with the medication.

_____ Benadryl (diphenhydramine)*- for mild symptoms or suspected ingestion
Follow Written Medication Consent form. Call parent, observe carefully for symptoms.

_____ Epi-Pen Jr. (epinephrine auto-injector)*- for severe allergic reaction, such as difficulty breathing; swelling face/ tongue/ lips; massive itching/ rash/ hives; severe cramping/ vomiting/ diarrhea; rapid heartbeat, sudden weakness/ fainting/ pale, cool, damp skin
Follow Written Medication Consent form and package instructions. Inject outer thigh without delay, call 911, then call parent. Send the used Epi-Pen with the child.

Parent/ Guardian Signature: _____ Date: _____

Health Care Provider Signature: _____ Date: _____

Child Care Provider Signature: _____ Date: _____

Notes:

*Generic medication may be ordered. Ensure in advance that the medication provided and the Written Medication Consent form match.

EXPIRATION DATE: _____ (6 months from health care provider date)