



Individual Child Care Program Plan (ICCPP) for Allergies Must be accompanied by a Medication Administration Form

Child Information:

Child's Name (First, Last, Middle): _____ Birthdate: _____

Allergy To: _____

Is the child Asthmatic? No Yes (If Yes = Higher Risk for Severe Reaction)

Allergy Trigger:

Describe the what triggers your child's allergic reaction.

Avoidance Techniques:

What steps can be taken to help avoid an allergic reaction.

Allergy Symptoms:

Describe the symptoms your child experiences when a food allergen has been ingested or when the child is exposed to an allergy trigger.

Treatment:

Describe the treatment/medication administration (type, dosage, etc) when your child is exposed to an allergen.

Asthmatic Symptoms:

Describe the causes of asthmatic issues and asthmatic symptoms your child experiences

Treatment:

Describe the treatment/medication administration (type, dosage, etc) when your child is having an asthmatic episode:

Emergency Contact Information

Call 911 whenever Epinephrine has been administered. Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. Stay with the child.

Parent Information:

Parent/Guardian Name (#1): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Name (#2): _____

Home Phone: _____ Cell Phone: _____ Work

Phone: _____

Health Care Information

Primary Health Provider's Name: _____ Phone: _____

Name of Clinic: _____ Phone: _____

Name/Title of other Specialist (if applicable) _____ Phone: _____

Name of Specialist's Clinic: _____ Phone: _____

Authorization is hereby given to the child care provider to obtain emergency medical care or treatment in the event of an emergency. Yes or No

If physician above is unavailable, I authorize another licensed physician to treat my child Yes or No

Specific Allergy Action Plan by Center Staff

- Train staff on each child's specific allergy and response plan
- Staff preparing food will check food labels and be knowledgeable about food allergies
- Post allergies near areas where food is served, prepared, and transported.
- Bring a list of allergies and medications along on off-site trips
- Reduce exposure to allergens by not sharing food
- Ensure proper hand washing procedures are followed
- Observe and monitor child for any signs of allergic reactions
- Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc)
- Ensure that a person trained in Medication Administration accompanies the child on any off-site activities

The Parent/Guardian will:

- Ensure the child care facility has a sufficient supply of emergency medication
- Replace medication prior to the expiration date
- Alert the staff of any changes (such as a new allergy has been discovered) by filling out a new ICCPP form

Parent/Guardian Signature:

Parent/Guardian Signature	Printed Name	Date
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Provider Signature	Printed Name	Date
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