

# Good Shepherd Child Care ALLERGY FORM

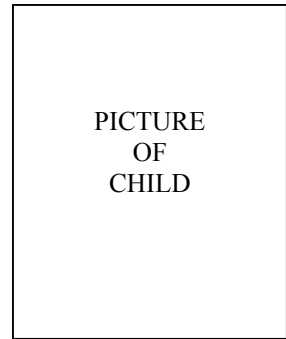
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child have any known allergies to food, medication, bees or other environmental factors? Yes  No

ALLERGY TO: \_\_\_\_\_

Type of Reaction: Life Threatening  Other  Explain: \_\_\_\_\_

\*Asthmatic? Yes  No  \*Higher risk for severe reaction



## Emergency Action Plan

Identify triggers which start an allergic reaction:

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Please provide special instructions as to treatment of an allergic reaction:

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Type of medication to be given if prescribed and amount:

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\*If your child requires medication to be administered a Permission to Administer Medication Form must be filled out and on file with the physicians name and administration instructions.

### GOOD SHEPHERD CHILD CARE WILL CALL 911 IF A CHILD HAS

- Difficulty breathing or noisy breathing
- Tightness of chest
- Swelling of tongue, eyes, or lips
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice

- A wheeze or persistent cough
- Loss of consciousness and/or collapse
- Vomiting, stomach cramps, or diarrhea
- Blue discoloration of lips or fingernails
- Become pale or floppy

### EMERGENCY CONTACT INFORMATION:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Good Shepherd Child Care personnel to implement this allergy action plan as described. I give consent for Good Shepherd Child Care authorities to take appropriate action for the safety and welfare of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date