

# Four Seasons Daycare

## Allergy Action Plan

*The child below has an identified allergy. The following information will assist the center in caring for this child and outlines Four Seasons' protocol in the event of an allergic reaction based on the recommendations of the child's parents/guardians, and the child's physician. This information will be shared with Emergency Medical Personnel as needed.*

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

**Child's Known Allergens:** \_\_\_\_\_ **Effective Date of Plan:** \_\_\_\_\_

### History of Allergic Reactions:


*If the child displays any of the following symptoms, Four Seasons will administer the First Aid Procedures listed below.*

### Symptoms:

1. Rash, hives, excessive itching.
2. Swelling of the face, lips, throat, or any area affected by allergen.
3. Shortness of breath, wheezing or whistling while breathing.
4. Severe diarrhea, cramping, vomiting.
5. Dizziness and/or loss of consciousness.

### Basic First Aid Procedures Four Seasons will follow:

1. Keep child away from the allergen or irritant as avoidance is the best way to prevent a reaction.
2. If the child has been exposed...
  - A. Calm child down and assess situation.
    1. **If the child has a mild rash and/or slight swelling** in affected area (excluding throat, tongue or lips) call parent and advise of situation. Follow any specific directions suggested by treating physician for a mild reaction. Continue to monitor.
    2. **If child has a more significant reaction** including one or more of the aforementioned symptoms, call 911 immediately, administer antihistamine and/or epi-pen per physician's instructions, call parent to advise of situation.
  3. Record pertinent information regarding allergic reaction.

### Specific Additional First Aid Protocol Treating Physician recommends Four Seasons follow:


### Treatment Protocol

Medication Name	Dosage	Times to Administer	Special Instructions

*Parent and physician must also complete a long-term medication form for each medication in treatment protocol.*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This action plan will be in effect for one year or until the treatment protocol changes, whichever occurs first. It is the responsibility of the child's parents/guardians to notify Four Seasons of any changes to the child's treatment and to update this plan as needed.*