

Child's Individual Plan & Emergency Procedures

For Child with Anaphylactic Allergy

Name of Child _____ **PHOTO OF**

Address _____ Home Tel. _____ **CHILD**

Name of Parent(s)/Guardian(s) _____

Emergency Contact # _____

Allergy Description: This child has a dangerous, life threatening allergy to the following foods/causative agents (i.e. foods, latex etc.)

Medication required: _____

Location where Medication will be stored: _____

Possible Symptoms: (list specific symptoms child will show when having a reaction)

1. _____
2. _____
3. _____

Action-Emergency Plan: (list the steps that are to be taken if a reaction occurs)

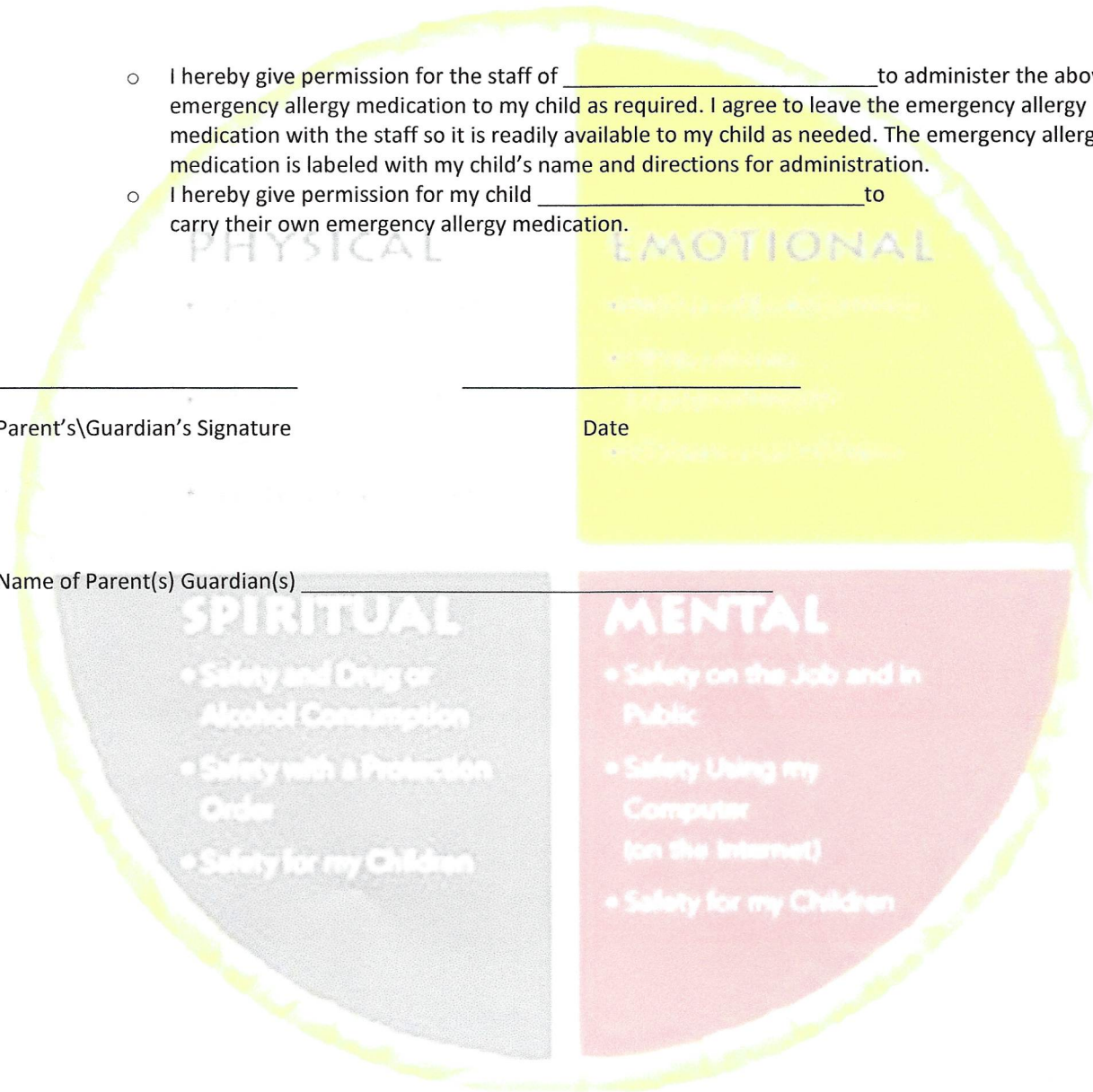
1. _____
2. _____
3. _____

- I hereby give permission for the staff of _____ to administer the above emergency allergy medication to my child as required. I agree to leave the emergency allergy medication with the staff so it is readily available to my child as needed. The emergency allergy medication is labeled with my child's name and directions for administration.
- I hereby give permission for my child _____ to carry their own emergency allergy medication.

Parent's\Guardian's Signature _____

Date _____

Name of Parent(s) Guardian(s) _____



Where a child has an anaphylactic allergy, HIFN Daycare centre staff, students and volunteers must be provided with training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication. Supervisor or designate will provide training to parents, students and volunteers as required.

Name of Program _____

Name of Child _____

Name of Staff (please print)	Position	Date of Training from Supervisor or Designate	Signature of Staff (full signature for each review)	Reviewed by (full signature for each review)

Place in child's file.