Childcare Allergy Action Plan Form

Child's Information

Child's Name
Date of Birth
Parent/Guardian Information
Parent/Guardian Name
Phone Number
Allewey, Detaile
Allergy Details
Allergens (list all known)
Typical Reaction Symptoms
Emergency Medication
Medication Name
Dosage and Instructions
Emergency Action Steps
Steps to Take During a Reaction

Physician Name

Physician Phone		
Parent/Guardian Signature		
Date		