

PLAN OF ACTION

Food, Insect, and/or Environmental Allergies

Child's name: _____

Date: _____

Allergy: _____

What is the child's reaction to the food/bite/etc.? _____

Plan of action: (Describe what you would like us to do if your child encounters an allergen or has a reaction. Please contact your pediatrician if you are unsure) _____

A child with any type of **life-threatening allergy** must have a written "Plan of Action" from his/her physician. This note will be active for the school year unless there are any changes. It must contain the following information:

- Child's name
- Date of birth
- Date order is written
- Name of medication
- Specific dosage to be given
- Symptoms to monitor for
- Physician's signature

We have a blank Physician's Medication Order form in the office to be filled out for each medication to be given in case of an allergic reaction or emergency. (Such as Epi-Pen Jr or Benadryl).

Parkview Preschool is Nut-Free Center – this includes peanut butter, foods containing nuts, or foods manufactured on shared equipment containing nuts. If your child has another particular food allergy/allergies, we request that the child's food and/or snacks be provided from home to replace the item that he/she cannot consume. Also, please send two 4x6 photos of your child to be placed in your child's classroom and dining area with a sign to remind staff of their allergy/sensitivity.

Parent/Guardian Contact Information: _____
