



**TO BE COMPLETED BY CHILD CARE PROVIDER**

Where in the program will the child receive care when a reaction occurs? \_\_\_\_\_  
\_\_\_\_\_

Who will take charge of the situation? \_\_\_\_\_  
\_\_\_\_\_

What will the staff do if the child is in the classroom? \_\_\_\_\_  
\_\_\_\_\_

.....on the playground? \_\_\_\_\_  
.....on a field trip? \_\_\_\_\_  
\_\_\_\_\_

Where will the medications needed for a reaction be kept? (Recommend in the same room or location as the child) \_\_\_\_\_

.....while on a field trip? \_\_\_\_\_

Who will call the Emergency Medical System (911)? \_\_\_\_\_

Who will call the parents/guardian? \_\_\_\_\_

Who will go with the child to the hospital and stay until the parents can assume responsibility?  
\_\_\_\_\_

Who will care for the other children if the caregiver must take the allergic child away from the group? \_\_\_\_\_

Is the allergy **with** the child's picture prominently posted in the kitchen **and** the eating area?  
Yes / No

**TRAINED CHILD CARE PROVIDERS:**

1. \_\_\_\_\_ Room: \_\_\_\_\_

2. \_\_\_\_\_ Room: \_\_\_\_\_

Plan of care written in collaboration with:

Director: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Child Care Health Consultant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Projected date of plan re-evaluation: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_