

## ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES

*(Subsidy Inspection Requirements for Family Day Homes 22VAC40-665-170 B.12)*

<b>Child's Name:</b>	<b>Child's Date of Birth:</b>
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<b>Name of the Child's Health Care Provider:</b>
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<b>Food Allergies:</b>
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<b>Steps to be taken in the event of a suspected or confirmed allergic reaction:</b>
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**Signature of Authorized Program Representative:** I understand that it is my responsibility to follow the above plan. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that staff who provide all treatments and administer medication to the child listed in the allergy care plan must have received Medication Administration Training; is CPR and first aid certified; or has a license that exempts them from training; and have received any additional training needed.

<b>Provider/Facility Name:</b>	<b>Facility address:</b>	<b>Facility Telephone Number:</b>
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<b>Authorized child care provider's name (please print)</b>	<b>Date:</b>
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<b>Authorized child care provider's signature:</b>
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<b>Signature of Parent or Guardian:</b>	<b>Date:</b>
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<b>Signature of Health Care Provider:</b>	<b>Date:</b>
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