

ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES

(Subsidy Inspection Requirements for Child Day Centers 22VAC40-665-520 B.11)

Child's Name:	Child's Date of Birth:
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Name of the Child's Health Care Provider:
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Food Allergies:

Steps to be taken in the event of a suspected or confirmed allergic reaction:
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<p>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.</p>

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