

ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES

(Subsidy Inspection Requirements for Family Day Homes VENDHOM-000-(2)-006)

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| 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: |
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| Steps to be taken in the event of a suspected or confirmed allergic reaction: |
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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.

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| 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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