

**SONCCA**  
**ALLERGY SPECIAL CARE PLAN**

**Child's Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Child is allergic to:** \_\_\_\_\_

**Steps to take during an allergy episode:**

(Physicians, please circle all that apply)

**1. SIGNS OF AN ALLERGIC REACTION:**

- Mouth/Throat: itching & swelling of tongue, mouth, throat, throat tightness, hoarseness, or cough
- Skin: hives, itchy rash, or swelling
- Gut: nausea, abdominal cramps, vomiting, diarrhea
- Lung: shortness of breath, coughing, wheezing
- Heart: pulse is hard to detect, "passing out"

**\*If child has asthma**, asthma symptoms may also need to be treated. If child has asthma, an Asthma Special Care Plan will also be needed.

**The severity of symptoms can change quickly. All above symptoms can potentially be life threatening.**

**ACTION FOR MINOR REACTION:**

1. If only symptom(s) are: \_\_\_\_\_, give \_\_\_\_\_
2. Then call: Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

**ACTION FOR MAJOR REACTION:**

1. If symptom(s) are: \_\_\_\_\_ Give \_\_\_\_\_  
\_\_\_\_\_ IMMEDIATELY!
2. Then call 911
3. Parent/Guardian: \_\_\_\_\_ Parent Guardian: \_\_\_\_\_  
or emergency contacts
4. Dr. \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ **No medication required while attending child care program**

***\*Doctors initials are required***

\_\_\_\_\_ **Medication form and medication on site**

**\*\*Special Instructions:**

**Physicians Name:** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_

**Phone Number :** (\_\_\_\_) - \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_ **Teacher's Signature:** \_\_\_\_\_

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