

Bright Horizons

Individual Health Plan for Children with Allergies

Child's Name: _____ DOB: _____
Parent/Guardian Name: _____ Phone: _____
Physician's Name: _____ Phone: _____

Allergen	Treatment/Substitution
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If the child is exposed to an allergen, watch for the following signs of a *mild* allergic reaction:

- ☐ Hives ☐ Lightheadedness ☐ Red, swollen or itchy eyes
☐ Flushing ☐ Nausea/vomiting ☐ Tingling
☐ Other: _____

If the child is exposed to an allergen, watch for the following signs of a *severe* allergic reaction:

- ☐ Lips/tongue swelling ☐ Tightness in chest or throat (child may
☐ Wheezing/difficulty breathing complain of a lump in the throat or a
scratchy throat)
☐ Other: _____

Medication should be administered at the following signs/severity: _____

Prescribed Medications/Dosage*:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Actions to be taken for a *Mild* Allergic Reaction

- ☐ Stay calm and do not leave the child unattended
- ☐ Medication Administration
- Wash your hands
 - Shake the bottle; measure the correct amount of medication using an approved medication spoon or medication medicine cup
 - Follow Medication Administration Procedures using the Medication Administration Log
 - Observe the child for relief of symptoms
 - Wash the child's hands and yours with soap and water
 - Offer cool compress to skin areas that are irritated

This form is required for any child who has mild to severe allergies and must be completed by the child's parent/guardian and the child's physician.

- ☐ Notify the child's parents
- ☐ Notify a member of the Administrative Team
- ☐ Document the administration of the medication on the Administration of Medication Log
- ☐ Other: _____

Actions to be taken for a Severe Allergic Reaction

- ☐ Stay calm and do not leave the child unattended.
- ☐ Have someone call 911. Be sure to tell the dispatcher that the child is receiving an EpiPen.
- ☐ Medication Administration (EpiPen)
 - Remove the protector cap
 - Hold the child's thigh tightly and administer to the side of the thigh area. An EpiPen can be administered through clothing. Ask for assistance to help hold the child, if necessary.
 - Press the injector to the thigh firmly and hold in place for 10 seconds.
 - Remove the EpiPen and discard in a Sharp container, if available, or provide to the Emergency Response Personnel when they arrive for proper disposal.
 - Note the time you administered the EpiPen to the child.
 - Stay with the child and monitor his/her condition.

- ☐ Notify the child's parent(s)
- ☐ Notify a member of the Administration Team
- ☐ Document the administration of the medication on the Administration of Medication Log
- ☐ Other: _____

Physician Signature: _____ Date: _____

Director/Principal: _____ Date: _____

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a note from the child's physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a note from the child's physician.

I understand that Bright Horizons requires the most up to date information regarding my child's allergy. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen on the Allergy Awareness Chart.

Parent/Guardian Signature: _____ Date: _____

*For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the *Authorization for Administration of Medication* form.

This plan must be updated annually, whenever there is any change in treatment or the child's condition changes.