



## Medical Action Plan and Allergic Response Plan (Food Allergies, Drug Allergies, Outdoor Allergies)

*This plan must be signed and dated by your child's Health Care Professional.*

*Drugs (OTC or Rx) are only given in the Front Office with parent's written permission. They are only allowed to be given to the child it is prescribed to. Drugs are NOT stored in classrooms.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

| What causes an allergic reaction with your child? | Possible symptoms if child is exposed to this food/drug, or symptoms of medical issue | Steps to take if child has an allergic reaction or medical issue |
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*By signing below, the parent or guardian of this child gives First Steps Preschool permission to post the child's food/drug allergy in any area where food is served or prepared.*

Dr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only: \_\_\_\_\_ Classroom \_\_\_\_\_ Emergency Evacuation Binder \_\_\_\_\_ Field Trip Folder*