North Raleigh Church of Christ Preschool
nrcocpreschool.com

# ALLERGY ACTION PLAN

All children must have a completed form.

Student's Name: _____

_____ The student listed above has **NO** known allergies at this time.

_____

Parent's Signature Date

---

_____ The student listed above **HAS** allergies and the following Action Plan should be followed.

ALLERGY TO: _____

Birth Date:_____ Teacher: _____ School Year: _____

Briefly describe what happens to your child during an allergic reactions:

What steps do you want school personnel to take if you child develops an allergic reaction? (If your instructions include giving medication, you must provide the medication and the proper dosage). Please write legibly, be specific and list steps in the order they should occur.
**NOTE: If symptoms are severe or if an epipen has to be used, the preschool personnel WILL call 911.**

Preschool personnel MUST be able to reach parents if an allergic reaction occurs. Please list phone numbers where we can most easily reach you during preschool hours.

Mother: _____
Father: _____

In the event you cannot be reached, please list names and phone numbers of the physician and another emergency contact who is familiar with your child's allergy.

Physician: _____ Phone: _____
Emergency Contact: _____ Phone: _____

**Note: It is the parent's responsibility to check the expiration dates on all medications or epipens.**

_____

Parent's Signature Date

_____

Physician's Signature Date