



# Allergy Individual Child Care Program Plan (Allergy ICCPP)

Refer to the "Allergy ICCPP Tip Sheet" for information on how to fill out this form.

<b>CHILD INFORMATION</b>		
Last Name	First Name	Birthdate (mm/dd/yyyy)
<b>PARENT OR GUARDIAN</b>		
Last Name	First Name	Phone:
<b>1. Please identify the allergy by circling items the child has an allergy to:</b> Peanut/Peanut Products    Fish    Shellfish    Eggs    Milk    Soy    Wheat    Gluten    Nuts    Bee Stings Other (Please indicate): _____		
<b>2. Please describe the child's allergy in detail:</b>		
<b>3. What triggers an allergic reaction in this child?</b>		
<b>4. What items or foods should be avoided due to the allergy?</b>		
<b>5. What specific avoidance techniques will be practiced at the program so that the child is not exposed to their allergens?</b>		
<b>6. What are the sign and symptoms of this child's allergic reaction? Be specific.</b>		
<b>7. What are the procedures for responding if this child has an allergic reaction?</b>		
<b>8. What treatment or medication does this child have in the event of an allergic reaction? Include medication and dosages:</b>		
<b>9. Physician name, address and phone number:</b>		
<b>Signature of Parent/Guardian or Source of Medical Care:</b>		<b>Date</b>

At least annually or following any changes made to the allergy information, this plan must be updated and each staff person responsible for carrying out the plan must be informed of the change and documentation that the staff person was informed must be kept on site (see reverse).