



Lakeside Presbyterian Nursery School
INDIVIDUAL CHILD ALLERGY PLAN

Student Name: _____ Age: _____ Weight: _____

Allergy to: _____

Specific Triggers: _____

Avoidance Techniques: _____

Symptoms of allergic reactions: _____

Emergency Contacts - CALL 911

Doctor: _____

Phone #: _____

Parent/Guardian: _____

Cell#: _____

Home#: _____

Other Emergency Contacts

Name/Relationship _____

Phone#: _____

Name/Relationship _____

Phone#: _____

EXTREMELY REACTIVE TO THE FOLLOWING ALLERGENS: _____

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for any symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even with no symptoms are apparent.
- If checked, **NO** medications needed.

MEDICATIONS/DOSES FOR MILD REACTIONS

Epinephrine Brand or Generic: _____

Epinephrine Dose: (Circle Dose) 0.1mg IM 0.15 IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

Signature: _____ Date: _____