Two Schools One Philosophy

Bellevue Children's Academy

Allergy/Intolerance Report *and* Emergency Plan for Allergic Reaction Form

2020-2021

THE HEALTH CARE PROVIDER'S ALLERGY/INTOLERANCE REPORT

_____ _____

Student's Name (*please print*) Date

This child is enrolled in our child-care program. We have been advised that he or she is allergic or intolerant to the following items:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Yuka Shimizu
Child Care Program Director

Bellevue Children's Academy
Child Care Site

14600 NE 24th St., 14640 NE 24th St., and/or 14719 NE 29th Pl., Bellevue, WA 98007
Child Care Center Address

By signing below, I indicate my approval to release the information requested above to my child's licensed child care program.

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Name (*please print*) Date

_____

Parent/Guardian

THE HEALTH CARE PROVIDER'S ALLERGY/INTOLERANCE REPORT (*continued*)

Name of Child _____ Date of Birth _____

Food Allergy *(please print)* **List each food separately:**	**Please Circle the Medical Condition:**			**Please List Appropriate Substitute Food(s):**
	Food Intolerance:	Yes	No	
	Food Allergy:	Yes	No	
	Food Intolerance:	Yes	No	
	Food Allergy:	Yes	No	
	Food Intolerance:	Yes	No	
	Food Allergy:	Yes	No	
	Food Intolerance:	Yes	No	
	Food Allergy:	Yes	No	

Other Allergy *(please print)* **List each item separately:**	**Please Circle the Reaction:**			**Plan for Management:**
	Mild:	Yes	No	
	Severe:	Yes	No	
	Mild:	Yes	No	
	Severe:	Yes	No	

***For an Allergy, please complete the CHILD CARE EMERGENCY PLAN FOR ALLERGIC REACTIONS, below.**

Health Care Provider's Name (*please print*): _____

Health Care Provider's Signature (***Required***): _____ Date: _____

Mailing Address of Health Care Provider: _____

(address continued): _____ Phone of Health Care Provider: _____

Please return to the child care program at the address listed below:
Bellevue Children's Academy, 14640 NE 24th Street, Bellevue, WA 98007

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CHILD CARE EMERGENCY PLAN FOR ALLERGIC REACTIONS

ALLERGY TO: _____

Student's Name: _____ D.O.B.: _____

Asthma: Yes* ☐ No ☐ *High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION:

Systems	Symptoms
***MOUTH**	Itching and swelling of the lips, tongue or mouth
***THROAT**	Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
***SKIN**	Hives, itchy rash and/or swelling about the face or extremities
***GUT**	Nausea, abdominal cramps, vomiting and/or diarrhea
***LUNG**	Shortness of breath, repetitive coughing and/or wheezing
***HEART**	"Thready" pulse, "passing-out"

The severity of symptoms can change quickly. All of the above symptoms can potentially progress to a life-threatening situation.

Action for *minor* reaction:

If symptom(s) are: _____

- **Administer:** _____
  (*medication/dose/route*)
- Then call: Parent/Guardian and Health Care Provider, below.
- If condition does not improve within 10 minutes, follow steps for Severe Reaction below.

Action for *severe* reaction:

If symptom(s) are: _____

- **Administer:** _____ **IMMEDIATELY!**
  (*medication/dose/route*)
- **Call: 911 (Never hesitate to call 911)**
- **Call: Parent or Guardian**
- **Call: Health Care Provider**

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Health Care Provider's Name (*please print*): _____

Health Care Provider's Signature (***Required***): _____ Date: _____

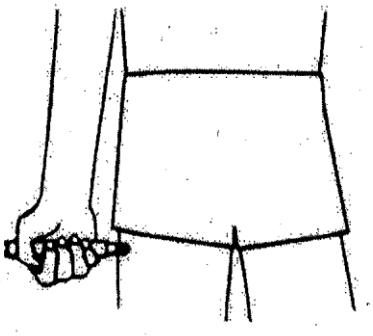
CHILD CARE EMERGENCY PLAN FOR ALLERGIC REACTIONS (*continued*)

Emergency Contacts	Trained Staff Members
1. _____ Relation: _____ Phone: _____ 2. _____ Relation: _____ Phone: _____ 3. _____ Relation: _____ Phone: _____	1. _____ Room: _____ 2. _____ Room: _____ 3. _____ Room: _____

EPIPEN® and EPIPEN® Jr. **Directions**

1. **Pull off gray activation cap.**

2. **Hold black tip near outer thigh (always apply to thigh).**



3. **Place firmly against thigh and press until Auto-injector mechanism functions. <u>Hold in place and count to 10</u>. The EpiPen unit should then be removed and taken with you to the Emergency Room with the child. Massage the injection area for 20 seconds.**