



A multi-campus
IB World School



Bellevue Children's Academy & Willows Preparatory School
Allergy/Intolerance Report and
Emergency Plan for Allergic Reaction Form
2021-2022

THE HEALTH CARE PROVIDER'S ALLERGY/INTOLERANCE REPORT

Student's Name (*please print*)

Date

This student is enrolled in our childcare/school program. We have been advised that he or she is allergic or intolerant to the following items:

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

Program Director	Child Care/School Age Site	Address
Britt Dougherty	BCA Satellite	14719 NE 29th Pl., Bellevue WA 98007
	Pre-Prep	12280 Woodinville-Redmond Rd. NE, Redmond WA 98052
Matthew Lippart	BCA1	14600 NE 24th St., Bellevue WA 98007
	BCA2	14640 NE 24th St., Bellevue WA 98007
John Zuman	WPS	12280 Woodinville-Redmond Rd. NE, Redmond WA 98052

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

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



Bellevue Children's Academy & Willows Preparatory School

Allergy/Intolerance Report *and*

Emergency Plan for Allergic Reaction Form

2021-2022

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

*MOUTH

*THROAT

*SKIN

*GUT

*LUNG

*HEART

Symptoms

Itching and swelling of the lips, tongue or mouth

Itching and/or a sense of tightness in the throat, hoarseness and hacking cough

Hives, itchy rash and/or swelling about the face or extremities

Nausea, abdominal cramps, vomiting and/or diarrhea

Shortness of breath, repetitive coughing and/or wheezing

"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)

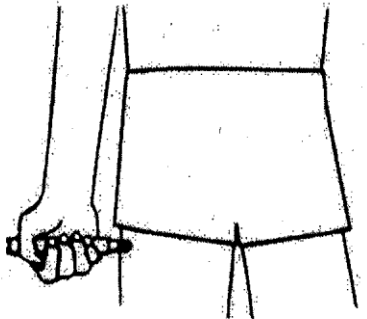
Emergency Contacts	Trained Staff Members
1. _____ Relation: _____ Phone: _____	1. _____ Room: _____
2. _____ Relation: _____ Phone: _____	2. _____ Room: _____
3. _____ Relation: _____ Phone: _____	3. _____ Room: _____

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. **Hold in place and count to 10.** 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.