



### Allergy Care Plan

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Basic documentation of allergen: \_\_\_\_\_

Please check: ☐ Mild ☐ Moderate ☐ Severe

Symptoms the child will exhibit: \_\_\_\_\_

Medication Prescribed? ☐ No ☐ Yes → Name/dosage: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Parent signature and approval to post: \_\_\_\_\_



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