Children			
Child Care  Aware  OF KENTUCKY  Allergy Care Plan			
Child's Name:	D		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:			
Child Care  Ware  OF KENTUCKY  Allergy Care Plan			
Child's Name:	D	OB:	Date:
Basic documentation of allergen:			
Please check: ☐ Mild ☐ Moderate ☐ Severe  Symptoms the child will exhibit:			
Medication Prescribed?       □ No □ Yes → Name/dosage:         Treatment Plan:			
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Parent signature and approval to post: