



BOYS & GIRLS CLUB
OF MERIDEN

Allergy Special Care Plan

Child's Name: _____ Date of Birth: _____

Child is allergic to: _____

Steps to take during an allergy episode:

(Physicians, please check all that apply)

- Mouth/Throat: itching & swelling of tongue, mouth, throat, throat tightness, hoarseness, or cough
- Skin: hives, itchy rash, or swelling
- Gut: nausea, abdominal cramps, vomiting, diarrhea
- Lung: Shortness of breath, coughing, wheezing
- Heart: Pulse is hard to detect, "passing out"

*If child has asthma, asthma symptoms may also need to be treated. If a child has asthma, an Asthma Special Care Plan will also be needed.

The severity of symptoms can change quickly. All above symptoms can potentially be life threatening.

ACTIONS FOR MINOR REACTION:

1. If only symptom(s) are: _____ Give: _____
2. Then call: Parent/ Guardian _____ Phone # _____

ACTIONS FOR MAJOR REACTION:

1. If symptom(s) are: _____ Give: _____ **IMMEDIATELY!**
2. Then call: 911 _____
3. Then call: Parent/ Guardian _____ Phone # _____
4. Then call: Dr: _____ Phone # _____

_____ No medication required while attending Summer Camp Program (*doctors initials required)

_____ Medication form and medication on site

** Special Instructions

Physicians signature	Date
Physicians Name	Phone Number
Parents Signature	Parents Name

