Montgomery CHILD CARE ASSOCIATION

Emergency Health Plan

For Allergy – Complete "Allergy Action Plan" Form
For Asthma – Complete "Asthma Action Plan" Form

Place Child's Picture Here

Date: _____

Child's Name: _____

Condition or Concern: _____

Please describe <u>in detail</u> any signs or symptoms for staff to look for:

ACTION PLAN:

If the signs or symptoms listed above appear staff should:

(PLEASE CHECK ALL THAT APPLY)

- ☐ Give medication**
  ** **<u>Any medication (prescription or over-the-counter) necessary for this plan must be accompanied by a Medication Authorization Form required by Office Of Child Care.</u>**
- ☐ Call Doctor (name)_____ (#) _____
- ☐ Call 911
- ☐ Call Emergency Contact #1 _____
- ☐ Call Emergency Contact #2 _____
- ☐ Other (describe **<u>in detail</u>** any other actions staff should take)

Family Member Signature: _____ Date: _____

Emergency Contacts	Trained Staff Members
1. _____ Ph. #_____	1. _____ Room # _____
2. _____ Ph. # _____	2. _____ Room # _____

Update: _____ Update: _____ Update: _____ Update: _____