 **ALLERGY AND HEALTH MONITORING FORM**

**Policy:** Track detailed information about each child's allergies and health needs.

**Procedures:** Complete this form prior to Orientation to prepare for child specific health care needs and allergies.

* **Place this form in the red Confidential Allergy Information folder accessible to staff. Create a duplicate posting for kitchen space if applicable. Ensure duplicate copies are updated as appropriate.**
* **An Emergency Care Plan must be completed if the parent/guardian indicates an allergy or health concern on the Child Information Record or the application. Additionally, ensure the Medication Authorization Form, a CACFP Special Diet Statement and/or a Parent Request to Provide Food form is completed if applicable.**

**SITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **YEAR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CHILD’S NAME** | **DIAGNOSED** | **NON-DIAGNOSED** | **ALLERGY OR HEALTH CONCERN** | **REACTION OR SYMPTOM** | **DATE OF COMPLETED EMERGENCY CARE PLAN** | **PRESCRIBED****MEDICATION** **& EXPIRATION DATE****(RESCUE MED. OR OTHER)** | **DATE OF COMPLETED CACFP** **REQUEST FOR SPECIAL DIET STATEMENT** | **DATE OF COMPLETED** **PARENT REQUEST TO PROVIDE FOOD AND PARENT CHOICES** |
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**Procedure Was Reviewed by All Staff and Subs:**

**Date Reviewed: \_\_\_\_\_\_\_\_ (September) Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_ (January) Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Distribution: **Original:** Post in red Confidential Information Folder **Copy:** Site Supervisor, Coach

3/23 References: HSPPS 1302.47 (7) (vi), Licensing 400.8330 (4), 400.8152 (1 & 2), EHS-HS Teams\Admin\Procedure Manual\Health\Allergy and Health Monitoring Form