

**ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES**

<b>Child's Name:</b>	<b>Child's Date of Birth:</b>
<b>Name of the Child's Health Care Provider:</b> (Physician)	
<b>Food Allergies:</b>	

**Steps to be taken in the event of a suspected or confirmed allergic reaction:**

**Signature of Authorized Program Representative:** I understand that it is my responsibility to follow the above plan. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that staff who provide all treatments and administer medication to the child listed in the allergy care plan must have received Medication Administration Training; is CPR and first aid certified; or has a license that exempts them from training; and have received any additional training needed.

<b>Provider/Facility Name:</b> Mountain Laurel Montessori School	<b>Facility address:</b> 155 Biggs Drive, Front Royal, VA 22630 Mailing Address: PO Box 102, Front Royal, VA 22630	<b>Facility Telephone Number:</b> 540-636-4257
<b>Authorized child care provider's name (please print)</b> (School Staff)		<b>Date:</b>
<b>Authorized child care provider's signature:</b> (School Staff)		

<b>Signature of Parent or Guardian:</b>	<b>Date:</b>
<b>Signature of Health Care Provider:</b> (Physician)	<b>Date:</b>