



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALLERGY CARE PLAN

YMCA OF GREATER HARTFORD

Child's Name: _____ Date of Birth: _____

Child is allergic to: _____

Steps to take during an allergy episode:

1. If the following symptoms occur, give the medication listed below: (please check the following)
 - Mouth/Throat: itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
 - Skin: hives; itchy rash; swelling
 - Gut: nausea; abdominal cramps; vomiting; diarrhea
 - Lung: shortness of breath; coughing; wheezing
 - Heart: pulse is hard to detect; "passing out"
 - Other: _____

If child has asthma, asthma symptoms may also need to be treated.

ALLERGY MEDICATIONS

	Name of Medication	Amount	When to Use
1.			
2.			
3.			

*Authorization for the Administration of Medication form must be on file for each medication.

MEDICATION REQUIREMENTS: (check one)

- No medication required while attending the YMCA program.
- Medication required at the YMCA program. (Bring original prescription to first day of the program, label clearly showing camper's name, birthday, and expiration date)

Special Instructions: _____

2. Notify parent/guardian immediately if emergency medication is required
3. Call 911 if:
 - a. An epi-pen has been administered.
 - b. The child's condition continues to deteriorate or the child has not improved within 15 minutes after treatment began or if parent/guardian and emergency contacts cannot be reached.
4. Accompany child to hospital or care facility if parent has not arrived. Bring the child's registration and medical forms.

Child's Name: _____ Date of Birth: _____

Parent's name: _____ Parent's signature: _____



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STAFF SIGNATURES

I have read and understand the attached Care Plan for: _____

(Child's Full Name)

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

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Staff Name: _____ Staff Signature: _____ Date: _____

Child's doctor and YMCA program should keep a current copy of this form in child's record.