



Individual Child Care Program Plan (ICCPP) for Allergies/Severe Allergies - Page 2

Child Name/Date of birth:

TO BE COMPLETED BY CHILD CARE PROVIDER

Techniques to avoid exposure:

Who will take charge of the situation if a reaction occurs?

Where will the medications needed for a reaction be kept? (recommend in the same location as the child)

Where in the program will the child receive care when a reaction occurs?

What will the staff do if the child is:
...on the playground?

...on a field trip?

Where will the medications be kept while on a field trip?

Who will call 911?

Who will call the parent/guardian?

Who will go with the child to the hospital and stay until the parents can assume responsibility?

Who will care for the other children if the caregiver must take the allergic child away from the group?

Is the allergy information available where food is prepared and served? YES NO

TRAINED CHILD CARE PROVIDERS: (full printed name, signature and date trained)

*Must be reviewed with any changes to the plan. If needed, attach more signatures to form:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Date current ICCPP was created:

Plan of care written in collaboration with: (Director/Center Representative)

Projected date of plan of re-evaluation (done at least yearly):