Sowing the Seeds of God's Love Together

Gianelli's EARLY LEARNING CENTER

An educational ministry of the Daughters of Our Lady of the Garden since 1972

CHILDREN WITH ALLERGY PROBLEMS

CHILD'S NAME: _____ **Birth date:** ____/____/____

You have reported that your child has a known allergy to _____

_____

Check ✓ the sign/symptoms usually present during an allergic reaction.

_____ Difficulty Breathing
_____ Rash
_____ Difficulty Swallowing
_____ Vomiting
_____ Loss of Consciousness
_____ Flushed or Unusually Pale Skin Color
_____ Nausea
_____Swelling: Where? _____ When? _____

Please list any medication that is used regarding the allergy.

MEDICATION	AMOUNT/HOW OFTEN	FOR WHAT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child needed to be hospitalized in the past for an allergic reaction? Yes No
Please explain: _____
_____

Gianelli's Early Learning Center observes the following treatment plan:

1. Assist student with prescribed medication per written MD order.
   (Please be sure the director has received a signed order and the medication)
2. Observe student for inadequate breathing, signs of shock, unusual swelling and when observed call 911.
3. Report signs and treatment to parent.

As a parent/guardian, are there any additional instructions of which we should be made aware:
_____

_____ ___/___/_____
Signature of Parent/Guardian Date

GELC/2022