

Mililani Community Church Preschool

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SPECIAL CARE PLAN FOR A CHILD WITH ALLERGY

This form must be accompanied by a Consent for Release of Information Form

CHILD'S NAME: _____ Date of Birth: _____

Father's / Guardian's Name: _____ Phone: _____

Mother's / Guardian's Name: _____ Phone: _____

Primary Health Provider Name: _____ Emergency Phone: _____

Specialist's Name (if any): _____ Emergency Phone: _____

Description of Allergy: _____

Describe what signs/or symptom look like: _____

Describe known triggers: _____

Describe treatment: _____

Possible side effects: i.e.: no peanut products allowed _____

Program modification: _____

When to call parent/health provider regarding symptoms or failure to respond to treatment:

When to consider what condition requires urgent care or reassessment: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____