



# ASKERN LITTLEMOOR

## Allergy Care Plan

Child's Name	
Date of Birth	
Group / class / form	
Address	
Date completed	

Photo

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### Family Contact Information

Parent / Carer name	
Phone Numbers	<b><i>Please tick the number below that is your preferred contact</i></b>
Home	
Mobile	
Work	
<b>Second Emergency Contact</b>	
Name (and relationship to child)	
Phone Numbers	<b><i>Please tick the number below that is the preferred contact</i></b>
Home	
Mobile	
Work	

### GP Details

Name of GP and Practice	
Phone Number	

### Clinic / Hospital Contact

Name of Consultant	
Phone Number	



# ASKERN LITTLEMOOR

Parents/Carers Please remember it is your responsibility to:

- Ensure you tell School about any changes in your child's health, including changes to their medication
- Ensure that your child's medication has NOT expired

**What is your child allergic to?:**

**Please tick the symptoms which best describe your child's allergic reaction:**

<b>Itchiness of skin</b>	
<b>Skin rash</b>	
<b>Swelling of mouth or throat</b>	
<b>Alterations in heart rate</b>	
<b>Feeling sick</b>	
<b>Vomitting/Diarrhoea</b>	
<b>Abdominal pain</b>	
<b>Cough / Wheeze</b>	
<b>Difficulty in breathing / tightness of chest</b>	
<b>Changes in voice</b>	
<b>Feeling faint / Dizzy</b>	
<b>Looking very pale</b>	
<b>Lips / mouth blue in colour</b>	
<b>Restlessness</b>	
<b>Collapse / Unconscious</b>	
<b>Other:</b>	

**What medication has your child been prescribed?**

**Has your child been admitted to hospital following an allergic reaction? YES / NO**


Carol Ann Turner Executive Headteacher

Charlotte Leigh Head of School

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**If so, when?**

**Has your child had a skin test / blood test to confirm the allergy? YES / NO**

**What was the result of the test:**

**Does your child suffer from any other medical condition? YES / NO**

**If yes please give brief overview:**

**Describe how the allergy affects your child, including their typical symptoms.**



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**What are your child's daily care requirements? Include the name of their allergy medication, the dose and how often it is required.**

**Describe what an attack looks like for your child and the action to be taken.**

**Who is to be contacted in an emergency? Ensure all contact details are shared**



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**Copies to:**