

Annandale United Methodist Church  
Weekday Children's Programs



**Allergy Care Plan**

Please complete and return the questionnaire below. It is also required that this form be returned and on file even if your child has no known allergies.

**Child's Name** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

**My child has no known allergies.**

**My child is allergic to the following** (Please list each allergen separately):

Allergen: \_\_\_\_\_

Symptoms to look for: \_\_\_\_\_

Steps to be taken when symptoms appear: \_\_\_\_\_

\_\_\_\_\_

Allergen: \_\_\_\_\_

Symptoms to look for: \_\_\_\_\_

Steps to be taken when symptoms appear: \_\_\_\_\_

\_\_\_\_\_

Allergen: \_\_\_\_\_

Symptoms to look for: \_\_\_\_\_

Steps to be taken when symptoms appear: \_\_\_\_\_

\_\_\_\_\_

**My child already has allergy medication and authorization forms on file in the WPS, ELP, or CDC Office.** (Please note that authorization forms have to be renewed every 6 months.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Contact Phone #1

\_\_\_\_\_  
Contact Phone #2

\_\_\_\_\_  
Date