

Endless Journey Child Care
Individual Child Care Program Plan

(updated annually OR as needed for allergy treatment)

Child's Name: _____ Date: _____
Documentation for allergy / special need is obtained from the child's physician and in the child's file? YES or NO (May be included on the child's Health Care Summary)
Description of allergy / special need:
Specific triggers of allergy / special need:
Avoidance techniques:
Symptoms of allergic reaction or special need:
Procedures for responding to an allergic reaction or special need:
Doctor contact information:
Staff who have reviewed this plan: (sign and date)
Parent signature and date:
Annual review (or update) by parent and staff: (sign and date)