GINGHAM GIRAFFE PRESCHOOL
234 Southern Boulevard • Chatham, NJ • 973.635.0033 • ginghamgiraffe.com

Dear Parent,

You have indicated that your child has a food allergy. In order for us to keep your child healthy and safe, we ask that you provide the following:

- Completion of the Emergency Health Care Plan. This is to be completed by your Pediatrician or Allergist. Your signature is also required.

- The needed prescriptive medicine in its original box. This will remain at school. Please provide a spoon or cup if needed. Please note expiration dates!

- A copy of your insurance card

- A Special snack that can be kept in our freezer for your child to enjoy during class celebrations

- A list of snacks that your child CAN eat is also helpful

Thank you for your help! We look forward to a great school year. If you have any questions, please do not hesitate to contact us.

Sincerely,

Gail L. Smith, Director
Alison Jackson, Assistant Director

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Emergency Health Care Plan

Student Name _____ DOB _____

Class and days in attendance _____

Allergic to _____ Asthmatic?_____

Known symptoms of an allergic reaction Number in order of occurrence…

System	***order***	***Symptoms***
Skin	___	Hives, itchy rash, and or swelling about face or extremities
Mouth	___	Itching and swelling of lips, tongue or mouth
Throat	___	Itching or tightness, hoarseness and/or cough
Lung	___	Shortness of breath, wheezing, cough
Gut	___	Nausea, cramps, vomiting and/or diarrhea
Heart	___	Thready pulse, passing out

ACTION

If ingestion is suspected, give the following immediately (circle and number)

___ Benadryl tsp.# ___ Capsules # ___

___ Other medication ___ Epi Pen (Jr.)

Call Rescue Squad then Call Mother # _____Call Father #_____

Call Doctor # _____

Parent's signature _____ Date _____

Doctor's signature _____ Date _____

Additional Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____