



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Meriden-New Britain-Berlin  
YMCA

## Individual Health Plan (IHP) - ALLERGY

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Concern: **ALLERGY TO:** \_\_\_\_\_

### **Allergy symptoms may be:**

- Itching, swelling of lips, tongue, or mouth
- Itching or a sense of tightness in the throat; Hoarseness and hacking cough; difficulty swallowing
- Hives, rash, itching and/or swelling about the face or extremities
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Shortness of Breath; chest tightness and/or wheezing
- Dizziness; fainting; irregular or rapid pulse

**Action steps** for when child has these symptoms/has been exposed to allergen named above:

- ☐ Observe for signs of anaphylaxis.
  - ☐ Administer medication if symptoms occur  
Medication name: \_\_\_\_\_
  - ☐ Call 911.
  - ☐ Notify Parent/Guardian.
  - ☐ Other: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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