



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: _____