



YMCA ALLERGY PLAN

Thank you for filling out this form to help us best serve your child in our Y programs. Please fill out the sections required for your child's allergy.
Please keep in mind that some sections may not apply to your child's needs, feel free to leave these blank.

If you have any questions regarding this form, please reach out to our Youth Program Support team at youthsupport@seattlemca.org

Section 1: General Information

Section 2: Required for Medication Allergies, Food Allergies, or Special Dietary Requirements

Section 3: Required for Environmental Allergies

SECTION 1 – REQUIRED

Child's Full Name	Today's Date
Parent's/Guardian's Name	Phone Number
Primary Health Care Provider	Phone Number
Specialist (if applicable)	Phone Number
Specialist (if applicable)	Phone Number

PLEASE CONTINUE TO PAGE 2

Allergy Plan

Plan must be updated annually or when there is a change in the child's accommodation or care needs.



SECTION 2 – REQUIRED FOR MEDICATION OR FOOD ALLERGIES OR SPECIAL DIETARY REQUIREMENT	
MEDICATION AND FOOD ALLERGY/SPECIAL DIETARY REQUIREMENTS	
This page must be completed and signed by the child's health care provider and parent or guardian	
Child's Full Name	Today's Date
Food the child must not consume (list each food separately)	Appropriate substitute food(s)
Describe the reaction and symptoms associated with this child's particular allergies:	
Describe the treatment plan for the provider to follow in response to the child's allergic reaction, include names of medications, dosage amounts, and directions for how to administer medication. (Medical Authorization Form must be completed for each medication provided during program hours for both regular and emergency administered medication):	
Other dietary requirements due to health condition:	
Health Care providers Signature (required)	Date
Parent or Guardian Signature	Date

Allergy Plan

Plan must be updated annually or when there is a change in the child's accommodation or need.



SECTION 3 – REQUIRED FOR ENVIRONMENTAL ALLERGIES

ENVIRONMENTAL REQUIREMENTS

Child's Full Name	Today's Date
Environmental Allergy	Reaction and Symptoms
Describe the treatment plan for the provider to follow in response to the child's allergic reaction. (Medical Authorization Form must be completed for each medication provided during camp hours for both regular and emergency administered medication):	
Other dietary requirements due to health condition:	
Health Care providers Signature (optional)	Date

SIGNATURE

Parent or Guardian Signature	Date
Y Staff Signature	Date
This section to be completed by child's parent or guardian, if applicable:	
I hereby give permission for _____ to provide services to my child at this program. (name of visiting health professional or specialist)	
Parent or Guardian Signature	Date