



## No Medication will be provided

This form is **not** to replace the Food Allergy Action Plan for diagnosed food allergies. It can be used in addition to that form should the parent decide not to comply with the plan.

PRCS Program/Location/Classroom	Child's Name
Medication which will not be provided	
Signs and Symptoms of exposure to allergy/allergens (need for medication)	
Any additional information PRCS staff should be aware of	
Parent/Guardian Name	Parent/Guardian Phone:

I, (Parent/Guardian) \_\_\_\_\_, will not be providing the medication listed above to this PRCS program for the allergy/allergies listed on my child's registration form. Should my child be exposed to the above listed allergy/allergies, the action plan for PRCS staff to follow is:

Check all that apply:

\_\_\_\_\_ Call parent immediately, parent will instruct with next steps.

\_\_\_\_\_ Call 911 immediately, then call parent.

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that I will notify PRCS staff immediately if any information provided in this plan changes, and unless I notify PRCS staff, this plan is effective until the end of the program year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_