No Medication will be provided

A child with a diagnosed food allergy MUST submit an Allergy Plan signed by a doctor.
It can be used in addition to that form should the parent decide not to comply with that plan.

Child's Name	PRCS Program Name
Medication which will not be provided	
Signs and Symptoms of exposure to allergy/allergens and/or 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. Should my child need this medication while in attendance of the PRCS program listed above, the action plan for PRCS staff to follow is:

Check all that apply:

_____Call parent immediately. Parent will instruct with next steps to take.

_____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 _____