

# **Allergy / Medical Action Plan Kids In Discovery Preschool 2016 – 2017**

My child, \_\_\_\_\_ is on the student allergy/medical list\* for Kids in Discovery Preschool. If my child has an allergic reaction or medical incident, the following steps should be taken:

I understand that if there is any medication that is kept at school for the child a Written Medication Consent Form from your doctor will need to be filled out by the parent and the doctor.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- **I am aware that my child's medical information is shared with all staff at Kids in Discovery in order to ensure the most safe environment for my child during all situations and in all places in our building. Since our teachers take turns with Lunch Bunch and with substitute teachers in other classrooms, we make sure that everyone on staff is informed.** \_\_\_\_\_ (please initial)