

GEARS Kids Center

Allergic Reaction and/or Asthma Attack Action Plan

Child's Name: _____

List of Allergies: _____

Allergic Reaction/Asthma:

Please list any symptoms the child may have so we may take immediate action.

Actions:

Please list all actions the GEARS Kids Center should take if your child has an allergic reaction or an asthma attack.

Parent's Signature

Date

Director's Signature

Date