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| List of ANAPHYLAXIC ALLERGIES |
|  Room # | Name of Child | Allergic to | Medication | Expiry and Location | Notes |
| E.g., Toddler Room 2 | Jane Doe | Peanuts | Epinephrine injector | Sept. 2024 – On educator | Give Epi Pen, Call 911 then parents |
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| List of ASTHMATIC CONDITIONS |
|  Room # | Name of Child | Signs and Symptoms | Medication | Expiry and Location | Notes |
| E.g., Toddler Room 2 | Jane Doe | Coughing, wheezing,  | Salbutamol (with Aero chamber) | Sept. 2024 – On educator | Administer 2 puffs upon onset of symptoms |
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|  List of NON LIFE THREATENING ALLERGY OR FOOD RESTRICTIONS |
|  Room # | Name of Child | Allergen/ Restriction | Reason | Medication | **Notes** |
| E.g., Toddler Room 2 | Jim Doe | Cow’s Milk | Intolerant | N/A | Substitute with Oat Milk only |
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| List of MEDICAL NEEDS |
|  Room # | Name of Child | Medical Need | Meds/ Adaptive Devices | Expiry and Location | Notes |
| E.g., Toddler Room 2 | Jane Doe | Diabetes | Glucose Monitor | On child | Monitor for change in levels, call parents.  |
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| Site:  | Date Last Updated: |