



# Add Therapy Center



## Allergy Policy

Allergen

Reaction

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Date of Plan: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Therapist/Staff Name: \_\_\_\_\_

Telephone:

Home \_\_\_\_\_

Cellular \_\_\_\_\_

Other \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Brief description of student's allergies and reactions:

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# Add Therapy Center



If Child Displays the following Symptoms:

Take the following actions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Add Therapy Center staff will do its part to be continually aware of child's specific allergy. However, it is not possible to prevent 100% of all accidental exposures in a center which is frequented by a large group of clients and families each week. By signing below you understand that Add Therapy Center will not be held liable for any reactions that a child has when in contact with our clinic environment.

**Before serving your child, Add Therapy Center will need a copy of your child's emergency allergy plan.** If the emergency plan requires medication (EpiPen, inhaler, etc.) we require parents to stay on the premises for the duration of the session.

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

