



# Health Care Plan

## For Allergies, Dietary Restrictions, and Chronic Conditions

**Good Shepherd Lutheran Preschool**

Accredited by the Maryland State Department of Education

16420 S. Westland Dr.

Gaithersburg, Maryland 20877

Phone: 301-963-1955

Fax: 301-869-8126

Email: [gspreschool@outlook.com](mailto:gspreschool@outlook.com)

Website: [www.gslp-gaithersburg.org](http://www.gslp-gaithersburg.org)

Please complete this document if your child has a food allergy, a *medical* dietary restriction (such as celiac disease or lactose intolerance), or a chronic medical condition that requires special consideration during his/her attendance at the Preschool.

Child's Name: \_\_\_\_\_ Class Number: \_\_\_\_\_

### Food Allergy or Medical Dietary Restriction

Please list any food that causes your child to have an allergic reaction or that triggers your child's medical condition. Describe what medication should be administered in an emergency.

Food	Forms Restricted	Extent of Allergy	Possible Reaction	Medication*
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify) _____	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify) _____		
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify) _____	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify) _____		
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify) _____	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify) _____		
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify) _____	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify) _____		

☐ Check here if additional food allergies or medical dietary restrictions are listed on the back.

### Chronic Medical Conditions

Please describe your child's medical condition (such as asthma or diabetes), including symptoms and current treatments.\*

\* If ANY medication (prescription or nonprescription, including Benadryl) is kept at GSLP for possible emergency administration, a health care provider must complete a Medication Administration Authorization form. A separate form must be completed for *each* medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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### Food Allergy or Medical Dietary Restriction (Continued)

Food	Forms Restricted	Extent of Allergy	Possible Reaction	Medication*
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify)	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify)		
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify)	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify)		
	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify)	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify)		
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	<input type="checkbox"/> uncooked <input type="checkbox"/> cooked <input type="checkbox"/> in processed food <input type="checkbox"/> other (specify)	<input type="checkbox"/> ingestion <input type="checkbox"/> tactile <input type="checkbox"/> olfactory <input type="checkbox"/> other (specify)		
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