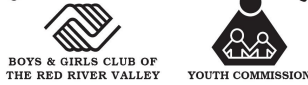


Great futures start here



**Youth Commission
Individual Child Care Plan (ICCP)
Allergies**

Child's Name: _____ DOB: _____

School Site: _____

Diagnosed Medical Condition: _____

1. What allergies does your child have? _____

2. Is this a current health issue? YES NO

a. If yes, describe how often it occurs:

b. What symptoms does your child experience? (describe allergic reaction.)

c. List any restrictions at the Youth Commission: _____

2. What medication and treatment plan is your child following? (Complete MEDICATION PERMISSION FORM)

3. If your child does not respond to medication and treatment what would you like the staff to do?

YOUTH COMMISSION / BOYS & GIRLS CLUB OF THE RED RIVER VALLEY

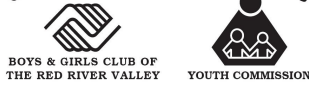
Fargo Youth Center
2500 18th Street South
Fargo, ND 58103
P: 701/235-2147
F: 701/235-9970

Youth Center @ Rose Creek
4809 University Drive South
Fargo, ND 58103
P: 701/478-4066
F: 701/478-4067

Moorhead Youth Center
215 10th Street North
Moorhead, MN 56560
P: 218/284-1199
F: 218/284-1201

www.bgcrrv.org

Great futures start here



**Youth Commission
Individual Child Care Plan (ICCP)
Allergies**

4. Can your child administer the medication and treatment themselves or does your child need help? On Own Needs Assistance

a. If needs assistance, what does the staff need to do? _____

5. Where is the medication stored? _____

6. Is there any additional information staff must know in order to best serve your child?

Parent Signature: _____ Date: _____

YOUTH COMMISSION / BOYS & GIRLS CLUB OF THE RED RIVER VALLEY

Fargo Youth Center
2500 18th Street South
Fargo, ND 58103
P: 701/235-2147
F: 701/235-9970

Youth Center @ Rose Creek
4809 University Drive South
Fargo, ND 58103
P: 701/478-4066
F: 701/478-4067

Moorhead Youth Center
215 10th Street North
Moorhead, MN 56560
P: 218/284-1199
F: 218/284-1201