



Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Please complete this form FOR EVERY known Food Allergy

Food child is allergic to: _____

Possible Symptoms if exposed to this food:

Specific steps to take if the child has an allergic reaction to this food:

By signing below, the parent or guardian of this child gives Southminster School permission to post the child's food allergy in the classroom and food serving areas.

Doctor Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

For licensed center use:

____ Food Allergy Emergency Plan has been posted in the classroom and food service area

____ Food Allergy Emergency Plan has been included in your emergency evacuation binder

____ Food Allergy Emergency Plan has been included in your field trip and transportation binder