

# Child Food Allergy Emergency Plan

(If the child's food allergies present similar symptoms and are remedied with the same medication, they can be included on the same food allergy emergency plan. If the child's food allergies present different symptoms, levels of severity or different medications and dosages, you must have a separate food allergy emergency plan)

Child's Name \_\_\_\_\_

List the food(s) the child is allergic to and circle whether the allergy is provoked by exposure or ingestion:

_____	Exposure	Ingestion
_____	Exposure	Ingestion
_____	Exposure	Ingestion
_____	Exposure	Ingestion

Possible symptoms if exposed to the above listed food(s):

Steps to take if the child has an allergic reaction:

Healthcare Provider's Name: \_\_\_\_\_

(please print)

Healthcare Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_