



## 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 one form FOR EACH 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 Early Care and Education permission to post the child's food allergy in the food serving and food preparation areas.*

Dr. 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 posted in the food preparation 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