Clear Form

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