



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: _____

Food(s) child is allergic to	Possible Symptoms if child is exposed to this food	Steps to take if child has an allergic reaction

By signing below, the parent or guardian of this child gives Child Enrichment Center permission to post the child's food allergy in any area where food is served or prepared.

Dr. Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____