



Place
Picture
Here

Allergy Emergency Plan (Food/Other Allergen)

This plan must be completed by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Physician: _____ Phone: _____

Please complete one form FOR EACH known Food/Other Allergen

Food/Other Allergen child is allergic to: _____

Possible Symptoms if exposed to this food/Other Allergen:

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

Suggested food to substitute for food allergy:

Physician/HCP Authorization Signature: _____ Date: _____

By signing below, the parent or guardian of this child gives Country Acres Child Development Center permission to post the child's food allergy in the food serving and food preparation areas

Parent/Guardian Authorization Signature: _____ Date: _____

Allergy Plan posted in the following:

6/2018

___ Food prep areas ___ Emergency binder ___ Bus/Field trip binder ___ Classroom