



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's Name: _____

Doctor's Address: _____

Phone: _____ Fax: _____

Please complete one form FOR EACH known Food Allergy

Food child is allergic to: _____

Recommended Food Substitute: _____

Possible Symptoms if exposed to this food: _____

Specific steps to take if the child has an allergic reaction to this food: _____

**If child needs over the counter medication to treat, we will need signed Dr note with the specific dosage*

By signing below, the parent or guardian of this child gives The Serendipity School permission to post the child's food allergy in the food serving and preparation areas.

Doctor's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

For licensed center use:

Food Allergy Emergency Plan has been posted in the classroom & food service areas

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/transportation binder