

# Food Allergy Emergency Plan

*This plan must be signed and dated by your child's physician.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**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/guardian of this child gives The Epiphany School permission to post the child's food allergy in the food serving and food preparation areas as well as notify all staff of this allergy.*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date

For licensed center use:

- \_\_\_ Food Allergy Emergency Plan has been included in the child's file.
- \_\_\_ 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 posted in the emergency evacuation binder.
- \_\_\_ Food Allergy Emergency Plan has been posted in the field trip and transportation binder.