



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 _____ Doctor's Phone _____

Doctor's Address _____

(If needed, please provide separate plans for each 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 give The Mustard Seed Early Learning Center permission to post the child's food allergy in the food serving and food preparation areas and the child's classroom.

Doctor Signature _____ Date _____

Parent's Signature _____ Date _____

For Office Use Only

Date Received _____

____ Food Allergy Emergency Plan has been posted in the classroom Date _____

____ Food Allergy Emergency Plan has been posted in the classroom Date _____

____ Food Allergy Emergency Plan has been added to the emergency evacuation binder Date _____

____ Food Allergy Emergency Plan has been added to the Transportation/Field Trip emergency information folders Date _____