

**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:

**Please complete one form FOR EACH known Food Allergy**

**Food child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Possible Symptoms if exposed to this food:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Specific steps to take if the child has an allergic reaction to this food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Doctor Signature: \_\_\_\_\_\_ Date:

Parent or Guardian Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For licensed center use:*

\_\_\_\_\_ 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 included in your emergency evacuation binder

\_\_\_\_\_ Food Allergy Emergency Plan has been included in your field trip and transportation binder