



Member # _____

Parent Name: _____

Food Allergy Emergency Plan

This plan must be signed 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:

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

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

Dr. Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

For licensed center use:

____ Food Allergy Emergency Plan has been posted in the age specific area and food service area(s).

____ Food Allergy Emergency Plan has been posted in the food preparation area(s).

____ Food Allergy Emergency Plan has been included in your Emergency Evacuation Binder.

____ Food Allergy Emergency Plan has been included in your Transportation Binder.