



Food Allergy Emergency Plan

This plan must be signed by your child’s Health Care Professional and must be updated annually

Child’s name: _____ Date of birth: _____

Doctor: _____

Dr. Address: _____

Dr. Phone number _____ Dr. 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 Oak Brook School 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 only:

___ 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 binder

___ Food Allergy Emergency Plan has been included in your medication binder

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