



Food Allergy Diagnosis

First Friends Preschool 2017-18

FBC Prosper: Amy Newton, Director

Child's Name: _____

Date of Birth: _____

Parents' Name: _____ m

Parent's Contact Phone Number: _____

Allergies & Medical Needs:

----- My child has **not** been diagnosed by a health-care professional.

----- My child **has** been diagnosed by a health-care professional.

If you checked "yes" to your child being diagnosed by a health-care professional, then please contact your physician and have them submit to First Friends a food allergy emergency plan that is specific to your child and includes:

1. a list of each food the child is allergic to;
2. possible symptoms if exposed to a food on the list; and
3. the steps to take if the child has an allergic reaction.
4. the physician's signature and date
5. and the parent's signature and date