



Food Allergy Emergency Plan

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Parent's Contact Number: _____

Has your child been diagnosed with Food Allergies: Yes or No

List of Allergies: _____

List of Possible Reactions to Food Allergies: _____

Steps to be taken if the child has an allergic reaction: _____

Physician Signature:

Date:

Parent Signature:

Date:
