



# 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 Tick Tots Around the Clock 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.