

HOLLI-HILLS



CREATIVE CHILD CARE

Food Allergy Emergency Plan

This plan must be signed and dated 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 Holli-Hills Creative Child Care 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 child's classroom..

_____ Food Allergy Emergency Plan has been posted in the food preparation and food service areas.

_____ Food Allergy Emergency Plan has been posted in the emergency evacuation binder.