

Child's Play Learning Center
1530 Norwalk
Katy, TX 77450
281-578-9332 Fax: 281-578-0507

Class:_____

Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional.

Child's Name:_____

Date of Birth:_____

Dr. Name:_____

Dr. Phone #:_____

Dr. Fax #:_____

Dr. Signature:_____

Date:_____

Food(s) Child Is Allergic To	Levels of Exposure Causing Symptoms (breathing, touching, ingesting)	Steps to take if child has an allergic reaction

By signing below, the parent or guardian of this child gives Child's Play Learning Center permission to post the child's food allergy in any area where food is serviced or prepared.

Parent or Guardian Name (Printed)_____

Parent or Guardian Signature:_____ Date:_____

Director Signature:_____ Date:_____