

# Plano ISD Employee Child Care Centers

## 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 Early Care and Education 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 classroom and food service area

\_\_\_\_\_ Food Allergy Emergency Plan has been posted in the food preparation area

\_\_\_\_\_ Food Allergy Emergency Plan has been included in your emergency evacuation binder

\_\_\_\_\_ Food Allergy Emergency Plan information has been added to Tadpoles for each child on plan

N/A Food Allergy Emergency Plan has been included in your field trip and transportation binder