



**St. Paul Lutheran YKT Child Care Center
The Learning Garden**

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:

Dr. Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

Center Asst. Director Signature: _____ Date: _____

For center use only:

- 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.