



FOOD ALLERGY EMERGENCY PLAN

As stated in the Minimum Standards, in order to comply with the State of Texas, a food allergy emergency plan must be completed on each child with a food allergy. The child's parent and health care professional must sign and date the plan.

Child's Name: _____

Date of Birth: _____

Parent Name: _____ Emergency Phone Number: _____

List of foods:

Possible Symptoms:

Steps to take in case of an allergic reaction:

Medications kept in the office (medical form and signature required):

By signing this form, I acknowledge that my child's allergy information will be posted throughout the building.

Parent Signature

Date

Child's Physician Signature

Date