

**St. Bernadette Early Childhood Connections
Food Allergy Emergency Care Plan**

*This plan **MUST** be signed and dated by the child's Health Care Professional **AND** by the parent/guardian.*

The original will be kept in the child's file; a copy will be with the classroom teacher.

Child's Name: _____ Date of Birth: _____

Doctor Name: _____

Address: _____

Phone: _____

Please complete one form FOR EACH known Food Allergy

Food child is allergic to:

Possible mild and severe symptoms if exposed to this food:

Specific steps to take if the child has an allergic reaction to this food:

Medication/Doses:

Other Directions/Comments:

By signing below, the parent/guardian of this child gives St. Bernadette ECC permission to post the child's food allergy in the child's classroom.

Doctor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____