



BOWEN ROAD

DAY SCHOOL

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 Bowen Road Day School 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 has been included in your field trip and transportation binder