

Oakwood Academy
Child Care

Food Allergy Emergency Plan

This plan must be signed by your child's doctor. Please complete one form for each diagnosed food allergy.

Child's Name: _____

Date of Birth: _____

Allergy to: _____

Possible symptoms if exposed to this food: _____

Steps to take if child has an allergic reaction: _____

Does the allergy require prescription medication (i.e. EPIPEN)?

____ Yes

____ No

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone Number: _____

Fax: _____

Doctor's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____