



**DESOTO  
CHILDREN'S  
ACADEMY**

## Food Allergy Emergency Plan

This plan must be signed and dated by your child's health care provider.

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 child has an allergic reaction to this food: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, the parent/guardian of this child gives SMA permission to post the child's food allergy in the food serving and preparation areas.

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Office Stamp: