

Dear Parents:

The Minimum Standards for Child Care Centers is now requiring that we have a Food Allergy Emergency Plan on file for all children in our care that have food allergies. This form will need to be filled out by your child's health care professional and signed by both the health care professional and the parent/guardian. When the forms are completed, they will be posted, not only in your child's classroom, but anywhere your child goes in our facility and on field trips.

If your child does not have a diagnosed food allergy, but has an intolerance to a certain food, then there will be a separate form for you to fill out that does not have to be signed by a health care professional. The same will be true if your child has any other allergy, other than food (i.e. medicines, insects, latex, etc.).

Forms must be completed and turned in with all your admission paperwork prior to starting at _____ and updated if any allergies become known in the future.

If you have any questions, please stop by the office to speak with the Director.

Sincerely,

BRANDY ABEL-CLARK
Director

_____ I have had the opportunity to read the above letter. I will gather the required documents and return them to the Director.

_____ I have had the opportunity to read the above letter, but my child has no diagnosed food allergies.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Food Intolerance Plan

Child's Name: _____

Date of Birth: _____

Please complete one form FOR EACH known Food Intolerance

Food child has an intolerance to: _____

Possible Symptoms, if exposed to this food: _____

Specific steps to take if your child has a reaction to this food:

Parent's Signature: _____

Medication and Insect Allergy Plan

Child's Name: _____

Date of Birth: _____

**Please complete one form FOR EACH known Medication
and Insect Allergy**

Medication/Insect your child is allergic to: _____

Possible Symptoms, if exposed to this medication/insect: _____

**Specific steps to take if your child has a reaction to this
medication/insect:** _____

Parent's Signature: _____

Food Allergy Emergency Plan

This form is to be completed for all children with food allergies. A copy of this plan must remain in the child's file and in the child's classroom.

(1) List of each food the child is allergic to:

(2) Possible symptoms if exposed to a food on the list:

(3) The steps to take if the child has an allergic reaction:

Signature of Health Care Professional: _____

Date: _____

Signature of Parent: _____

Date: _____

Emergency Contact Information:

Name _____

Phone Number _____

Doctor's Name _____

Doctor's Phone Number _____