

**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: \_\_\_\_\_