



Redeemer Day School
exploring God's world, planting the seeds of promise

Food Allergy Emergency Plan

(required by state law, as of September 1, 2016, under codes numbered 746.3817 & 746.3819)

Child's Name: _____ Date of Birth: _____

Doctor Name: _____

Doctor Address: _____

Doctor Phone Number: _____ Doctor Fax Number: _____

Please complete a separate section for EACH food allergy (multiple forms if necessary)

Food Allergy #1: _____

Possible Symptoms of Exposure: _____

List specific steps to take if the child has an allergic reaction to this food: _____

Food Allergy #2: _____

Possible Symptoms of Exposure: _____

List specific steps to take if the child has an allergic reaction to this food: _____

Food Allergy #3: _____

Possible Symptoms of Exposure: _____

List specific steps to take if the child has an allergic reaction to this food: _____

Food Allergy #4: _____

Possible Symptoms of Exposure: _____

List 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 Redeemer Day School permission to post the child's food allergy in the classrooms.

Dr. Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____