



ALLERGY EMERGENCY PLAN

To comply with the State of Texas, a food allergy emergency plan must be completed for each child with a food, insect/animal, plant, or environmental allergy. The child's parent and health care professional must sign and date the plan.

Student's Name: _____

Date of Birth: _____

Parent Name: _____

Emergency Phone Number: _____

List of foods:













Possible Symptoms:

Steps to take in case of an allergic reaction:

Medications kept in the office (medical form and signature required):

By signing this form, I acknowledge that my child's allergy information will be posted throughout the building.

Parent Signature and Date

Child's Physician Signature and Date