



Food Allergy Emergency Plan

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Please complete one form for each known Food Allergy

Food child is allergic: _____

Possible Symptoms if exposed: _____

Specific action needed is the child has an allergic reaction to this food:

By signing below, the parent or guardian of tis child gives KOVA permission to post the child's food allergy in the food serving and food preparation areas.

Dr. Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

KOVA will post Allergy:

___ Food Service area(s)

___ Food preparation area(s)

___ Emergency Evacuation Binder

___ Transportation Binder