



Oak Brook School

family owned since 2001

Food Allergy Emergency Plan

Student Information:

Child's Name _____ Date of Birth _____

Physician Information:

Physician _____ Telephone # _____

Address _____

Please complete one form FOR EACH known Food Allergy

Food child is allergic to: _____

Possible symptoms if exposed to this food: _____

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 Oak Brook School permission to post the child's food allergy in the food serving and food preparation areas.

Physician Signature

Date

Signature of Parent or Guardian

Date

Center Director Signature

Date

For licensed center use only:

- Food Allergy Emergency Plan has been posted in the classroom and food service areas
- Food Allergy Emergency Plan has been posted in the food preparation areas
- Food Allergy Emergency Plan has been included in your emergency binder
- Food Allergy Emergency Plan has been included in your medication binder
- Food Allergy Emergency Plan has been included in your field trip and transportation binder