

Flowers in the Garden CDC

FOOD ALLERGY EMERGENCY PLAN



Child's Name

Date of Birth

Date of Enrollment

☐-FGCDC#1 ☐-FGCDC#2

Child's Weight

Asthma? ☐-Yes ☐-No
(An asthma condition makes allergic reactions more severe)

List of Diagnosed Food Allergies:

Symptoms of Exposure to Food Allergens:

Steps to Take if Child is Exhibiting Symptoms of Allergic Reaction:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date

Phone Number

Health Care Professional (PRINT)

Health Care Professional (Signature)

Date

Health Care Address

City

State

Zip Code

Phone Number

Substitute Regular Milk with: _____

UPDATED: 6/10/2025

"Education is not the filling of a pail, but the lighting of a fire." ~ William Butler Yeats