KINGDOM KIDS ACADEMY

PERFORMING & VISUAL ARTS

FOOD ALLERGY EMERGENCY PLAN

Child's Name	
DOB	
Physician's Name	
Physicians Number	
DATE OF PLAN	

LIST OF ALLERGIC FOODS	SYMPTOMS WHEN EXPOSED	PLAN IF CHILD HAS A REACTION

Physician's Signature	
Date Signed	
Parent (s) Signature(s)	

Addition Allergy Notes