

Allergy Emergency Plan

This plan must be signed and dated by your child's healthcare professional.

PLEASE COMPLETE ONE FORM FOR EACH KNOWN ALLERGY

Child's Name:		Child's Date of Birth:	
Physician's Name:			
Physician's Address:			
Physician's Phone:		Physician's Fax:	

Child is allergic to (<i>list only one allergy per form</i>):	
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Please list all possible symptoms if the child is exposed to the allergen:

Please list specific steps to take if the child has an allergic reaction:

BY SIGNING BELOW, THE PARENT OR GUARDIAN OF THE ABOVE-LISTED CHILD GIVES MAGNOLIA PREPARATORY ACADEMY PERMISSION TO POST THE CHILD'S ALLERGY IN THE CHILD'S CLASSROOM AND OTHER COMMON AREAS OF THE SCHOOL.

Physician's Signature:		Date:	
Parent or Guardian Signature:		Date:	

For Office Use Only

initial when
complete

	The Allergy Emergency Plan has been posted in the classroom
	The Allergy Emergency Plan has been posted in the food preparation area
	The Allergy Emergency Plan has been posted in the food service area
	The Allergy Emergency Plan has been included in the emergency evacuation binder
	The Allergy Emergency Plan has been included in the field trip and transportation binder