

Daycare Food Allergy Management Plan

Child Information

Child's Name

Date of Birth

Classroom/Group

Parent/Guardian Information

Name

Phone Number

Email

Allergy Details

List of Food Allergens

Description of Reaction

Signs & Symptoms to Watch For

Emergency Plan

Steps to Take if Exposure Occurs

Medication (e.g., EpiPen) & Dosage

Physician's Name & Contact

Other Notes

Parent/Guardian Signature

Date

Staff Signature