



ST. ANDREW'S PRESBYTERIAN CHURCH
 DAY SCHOOL
 1350 N. 23rd Street, Beaumont, Texas 77706 Tel. 409 892-8246

Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address _____

Phone: _____ Fax: _____

Please complete one form For EACH known Allergy food or otherwise

_____ My Child has NO known allergies food or otherwise

Food child is allergic to: _____

Does your child have an epi pen? _____ If YES we need one to keep at school.

Possible Symptoms if exposed to this :

Specific steps to take if the child has an allergic reaction to this :

By signing below, the parent or guardian of this child gives St. Andrew's Day School permission to post the child's allergy in the food serving and prep areas.

Dr. Signature _____ Date _____

Parent or Guardian Signature _____ Date: _____

Director Signature: _____ Date: _____

For Licensed center use:

- ___ Allergy Emergency Plan has been posted in the classroom area and food service area
- ___ Allergy Emergency Plan has been posted in the child's permanent folder
- ___ Allergy Emergency plan has been included in your emergency evacuation folder.