

**AISD PEP CHILD CARE CENTER**  
**ALLERGY EMERGENCY PLAN**

TDFPS CCL requires an *Allergy Emergency Plan* in place, for all recognized/diagnosed *environmental* and *food* allergies.

This Allergy Emergency Plan must be completed and signed by your child's Health Care Professional, prior the first day of enrollment.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Care Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

**Please complete one form FOR EACH known Allergy**

Child is allergic to: \_\_\_\_\_

Possible symptoms, if exposed to this allergen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing below, the parent/guardian of this child gives AISD PEP Child Care Center permission to post the child's Allergy Emergency Plan in the classroom and/or food serving and preparation areas.*

**Health Care Professional Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PEP CCC Director** \_\_\_\_\_ **Date** \_\_\_\_\_

*For Licensed Center Use:*

\_\_\_\_\_ Allergy Emergency Plan has been posted in the classroom or food serving and preparation area(s)

\_\_\_\_\_ Allergy Emergency Plan has been included in the classroom Emergency Evacuation Bag/Binder

\_\_\_\_\_ Allergy Emergency Plan has been included in the field trip binder

\_\_\_\_\_ Allergy Emergency Plan has been provided to AISD Transportation bus driver (if applicable)