

Lago Vista ISD
Little Vikings Learning Center
ALLERGY EMERGENCY PLAN

The Texas Department of Family & Protective Services requires an Allergy Emergency Plan to be 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 the Little Vikings Learning Center permission to post the child's Allergy Emergency Plan in the classroom and/or food serving areas.

Health Care Professional Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Little Vikings Director _____ **Date** _____

For Licensed Center Use:

_____ Allergy Emergency Plan has been posted in the classroom and food serving area(s).

_____ Allergy Emergency Plan has been included in the classroom Emergency Evacuation Bag.