



Action 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: _____

My child has the following: check all that apply

- Food Allergy
- Asthma
- Celiac Disease
- Is Gluten Intolerant
- Has Diabetes

By signing below, the parent or guardian of this child gives St. Paul Lutheran YKT Child Care/The Learning Garden permission to post the child's food allergy in the food serving and food preparation areas.

Dr Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

Please complete one Allergy Action Plan form FOR EACH known Food Allergy.

Please complete one Asthma Action Plan form for Asthma.

Please complete one teacher/counselor form for Celiac Disease/Gluten Free.

Please complete one teacher/counselor form for Diabetes

For licensed center use:

_____ Food Allergy Emergency Plan has been posted in the classroom and food service area

_____ Food Allergy Emergency Plan has been posted in the food preparation area

_____ Food Allergy Emergency Plan has been included in your emergency evacuation binder

_____ Food Allergy Emergency Plan has been included in your outside folder