



Moorpark College Child Development Center

Individualized Care Plan for Food Allergies

Child Name _____ Date of Birth _____

Name of Parent/Guardian _____ Emergency Phone Number _____

Primary Health Provider's name _____ Emergency phone _____

Known food allergies*: _____

* Children's food allergies shall be posted prominently in the classroom.

Recommended Food Substitutions: _____

Typical Signs and Symptoms of an allergic reaction: _____

Treatment plan to be implemented in the event of a severe allergic reaction:

Name of medication	
When to use (with what symptoms)	
Amount of medication	
Method of administration	
Date instructions were last updated by child's doctor	Date _____ Name of Doctor (print) _____ Doctor's signature _____
Parent's permission to follow this Medication plan	Date _____ Parent's signature _____

Note: The facility shall contact the emergency medical services system immediately whenever epinephrine has been administered.