



CAMPUS PRE-SCHOOL: INDIVIDUALIZED ALLERGY PLAN FORM

Put child's photo here

Student Name _____ Date of Birth _____

Alberta Health Card Number _____ Doctor _____

Allergen(s) _____

Allergy Description

Eating Rules (*List eating rules for your child, if any, in this space*)

Possible Symptoms (*List all possible symptoms your child may exhibit*)

Action – Emergency Plan (*List doctor's recommendations in specific detail*)

Emergency Contact (s)

Name _____

Phone Number _____

Name _____

Phone Number _____

Teacher/Date _____

Parent/Date _____