



YMCA Day Camp Food Allergy Emergency Plan

Child's Name: _____

Program Site: _____ Date of Enrollment: _____

List all known food allergies: _____

Possible symptoms if exposed to a food on the list: _____

Steps to take if child has an allergic reaction: _____

Parent/Guardian Signature: _____ Date: _____

Health Care Professional Signature: _____ Date: _____

YMCA Representative: _____ Date: _____