



**Five Oaks Academy**  
A Montessori School

## Food Allergy/Medical Emergency Health Plan

Child's Name:	DOB:
Room Assignment:	
Parent/Guardian:	Phone #:
Emergency Contact Person:	Phone #:
Doctor:	Phone #:
Dentist:	Phone #:
Area(s) of concern:	
Signs and symptoms to be aware of:	
Routine Care/Services presently receiving:	
In order to prevent health crisis and promote wellness in childcare we should:	
Medications needed during school hours (name, dosage, schedule):	
Procedure to be followed in the event of an emergency/program medications to accommodate the child:	
Parent/Guardian Signature:	Date:
Staff Signature:	Date:

