



Midwestern PKWY Campus: 1615 Midwestern Pkwy,  
Wichita Falls, TX 76302  
Preschool Campus: 4729 Neta Ln.  
Wichita Falls, TX 76302  
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## Food/Allergy Emergency Plan

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

To comply with the State of Texas, a Food/Allergy Emergency Plan must be completed for each student with a food, insect/animal, plant, or environmental allergy.

A copy of this plan must remain in the student's file and in the student's classroom.

Allergies	Possible Symptoms	Steps to Take In Case of Allergic Reaction

	Name:	Phone Number:
Emergency Contact		
Emergency Contact		
Doctor		

By signing this form, I acknowledge that my student's allergy information will be posted throughout the building.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_