



CHILDREN'S INSTITUTE
Research • Training • Treatment

662-380-5170
662-380-5271
info@ebscixford.com
www.ebscixford.com
104 Skyline Drive | Oxford, MS 38655

Allergy Plan

Allergen	Reaction
_____	_____
_____	_____
_____	_____
_____	_____

Date of Plan: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Therapist/Staff Name: _____

Telephone: Home _____

Cellular _____

Other _____

Physician Name: _____ Telephone: _____

Emergency Contact: _____

Emergency Contact Telephone: Home _____

Cellular _____

Other _____

We Care More. We Do More.



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Brief description of student's allergies and reactions:

If Child Displays the following Symptoms:

Take the following actions:

- 1.
- 2.
- 3.
- 4.
- 5.

EBS Children's Therapy Staff will do its part to be continually aware of child's specific allergy. However, it is not possible to percent 100% of all accidental exposures in a center which is frequented by such a large group of clients and families each week. By signing below you understand that EBS Children's Institute of Oxford will not be held liable for any reactions that a child has to contact with our clinic environment.

Before serving your child, EBS will need a copy of your child's emergency allergy plan. If the emergency plan requires medication (EpiPen, inhaler, etc.) we require parents to stay on the premises for the duration of the session.

Signature: _____ Relationship to Patient: _____ Date: _____

Clinician Signature: _____ Date: _____

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Clinical Director Signature: _____ Date: _____

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