



**ALLERGY NOTIFICATION**

It is important to us to know if your child is allergic to any food, insect bites etc. As such, please fill out the form below so that we may have it on file in the nursery office.

Also, on the form, please let us know what emergency action should be taken if your child has an allergic reaction.

If your child is required to take medication, as a result of an allergic reaction, please have the doctor complete this form.

CHILD'S NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

MY CHILD IS ALLERGIC TO THE FOLLOWING (if none, please write "none"): \_\_\_\_\_

---

---

RECOMMENDATIONS: \_\_\_\_\_

---

---

---

---

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE