

# DAYCARE ALLERGY FORM

## Basic Information

Please clearly print responses to the following questions.

What is your child's full name?

What is your child's day of birth? (mm/dd/yyyy)

List the first and last names of the child's parents or guardians.

What is the best contact number for each parent or guardian?

Please provide a second contact number (i.e., work number, house number) for each parent or guardian, if available.

Which parent or guardian should we contact first in the event of a medical emergency?

## Medical Contact Information

Please clearly print responses to the following questions.

What is your child's physician's name?

What is your child's physician's phone number?

What is your child's physician's address?

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## Emergency Contact Information

Please list three individuals we can contact if you are unavailable during a medical event. Include their relationship to the child (i.e., babysitter, aunt, neighbor) and their best contact phone number.

### Emergency Contact #1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact #2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact #3:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Allergies and Reactions

Please circle or select the items your child is allergic to.

Peanuts/peanut products

Gluten

Tree nuts

Seafood/shellfish

Milk

Bee stings

Eggs

Other (please print):

Soy/soya products

**If you selected at least one item above, please answer the following questions. Be detailed. The more information you provide, the better we will be able to assist your child during a medical event.**

What specific triggers cause an allergic reaction in your child? Please describe the triggers for each allergy indicated above.

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What foods, items or experiences should your child avoid to prevent a reaction?

*(For example, can your gluten-free child use flour-based Play-Doh? Can your child be in the same room as peanuts? Will you be providing meals and snacks?)*

Describe, in detail, the signs and symptoms that manifest when your child is experiencing an allergic reaction. Please provide details for each allergy indicated above.

What treatments or medications, including doses, should your child receive in the event of an allergic reaction?

Describe the procedures your child's care providers should follow in the event of an allergic reaction.

*(For example, should we call 911 or attempt to contact a caregiver first? If your child requires treatment or medications, are they on-site?)*