



Known Allergies

Child's Name: _____

Date of Birth: _____

- My child has no Known Allergies. If I become aware of any Known Allergies I will alert the Program Director immediately.
- My child has the following Known Allergies. If I become aware of any other Known Allergies I will alert the Program Director immediately.

Known Allergy	Child's Reaction	Treatment

If the treatment for any of the above Known Allergies requires medication, Medication Consent will also need to be completed.

Parent's Name Printed

Parent's Name Signed

Date

Program Director

Date

- Entered on the Center Known Allergies List Employee Initials _____
- Posted in the Child's Classroom and on Food Storage Cabinets Employee Initials _____

This form is valid for one year from the date signed. This will be filed in the Child's Records.