



Allergy Information

It is important that we are aware of any allergies or dietary restrictions to help keep your child safe and healthy while at preschool. Please complete the information below if your child has any allergies or dietary restrictions.

Name of Child: _____ DOB: _____

My child has allergies and/or dietary restrictions: Yes No

*If yes, please answer the questions below

My child has the following allergies and/or dietary restrictions: _____

What reaction does your child have when exposed to the allergen(s) ex: skin irritation, breathing complications, etc.? _____

Is medication needed? Yes No

*If yes, please complete Authorization to Administer Medication (LIC 9221)

Does child have a Chronic Condition Form completed by Pediatrician? Yes No

*If yes, please provide a copy for your child's file.

Please share any information or special considerations about your child's allergy that we should know: _____

Parent/Guardian Name

Parent/Guardian Signature

Date