

Office use
Classroom _____
Med. Form: _____
MMF: _____

Central Christian Preschool & Child Care ALLERGY FORM

Complete if your child has any allergy. This form must be signed by a licensed physician.
A Meal Modification Form is also required for food allergies and must be completed by your child's physician.

Name of Child: _____ **DoB:** ____/____/____

Food Allergy: Peanuts___ Tree Nuts___ Eggs___ Gluten___ Soy___ Fish/Shellfish___ Dyes___

Tomatoes/Tomato Sauce___ Strawberries___ All Dairy___ Milk Intolerant___

Other_____ Suggestion for Milk Substitute:_____

Symptoms: _____

Other Allergy: Latex_____ Medication:_____

Seasonal___ Dust___ Cats___

Other_____

Symptoms: _____

In Case of Emergency:

List steps preschool/childcare staff can take in case of allergic reaction:

(Administer medication like Benadryl or allergy med./Administer Epi Pen/Call 911/Notify Parent(s), etc.)

1. _____

2. _____

3. _____

Other information: _____

Parent/Guardian Signature: _____

Physician Name (Printed): Dr. _____

Physician Address/Phone Number: _____

Physician Signature: _____