

MY CHILD'S ALLERGY INFORMATION *

Child's Name: _____

Emergency Contact (Name and Phone Number): _____

My child is allergic to (and MUST NOT EAT/BE EXPOSED TO):

1. _____
2. _____
3. _____
4. _____
5. _____

Other allergies/sensitivities/intolerances (including insect bites/stings, chemical and/or environmental allergies):

Possible reactions to be aware of in case my child is exposed to an allergen: _____

Instructions for feeding my child and/or preventing accidental ingestion of problematic foods: _____

Epi-Pen instructions for use (if available/applicable): _____

Signature of teacher/chaperone: _____ Date: _____

Signature of child's parent: _____ Date: _____

**Schools/daycare facilities, etc. should sign this form and keep it on file. All teachers/responsible parties should be well versed on the child's allergies and care needs. Routine reminders should be given to ensure proper actions are understood and consistently followed.*



FARE THEE WELL HEALTH
TURNING FOOD FOES INTO ALLIES