



## Allergy Information Form

**PLEASE PRINT: Complete one form for each child. This form must be kept on file at the family child care home. Please Note: Pursuant to MN Statute 245H.13, subd. 4, before admitting a child for care, the certification holder must obtain information about any known allergy from the child's parent or legal guardian. The child allergy information must be documented and readily available to all caregivers, and reviewed annually by the certification holder and each caregiver. Please be sure to answer all areas and indicate n/a if you feel it does not apply.**

### CHILD INFORMATION

Last Name	First Name	Birthdate (mm/dd/yyyy)
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### PARENT OR GUARDIAN

Last Name	First Name	Phone No.
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### PHYSICIAN

Physician's Name	Physician's Number
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#### 1. Please indicate items your child has an allergy to:

Peanut / Peanut Products	Fish / Shellfish	Eggs	Milk
Soy Products	Gluten	Nuts	Bee Stings
Other (please indicate): _____			

#### 2. What things trigger an allergic reaction in your child?

#### 3. What things should be avoided due to the allergy?

#### 4. What are the signs and symptoms of your child's allergic reaction? Be specific.

#### 5. What treatment or medication does your child have in the event of an allergic reaction? (include doses):

#### 6. What are the procedures for responding if your child has an allergic reaction?

Signature of Parent / Guardian	Date
Signature of Parent / Guardian	Date