

Allergy Information Form

Little Dreamers E.C.C.

Child's Name: _____ D.O.B.: _____

Parent/Guardian's Name: _____ Date Informed: _____

Specific Allergy:

Symptoms that an allergic reaction is occurring in your child:

What should we do to help child in the case of a reaction:

Parent/Guardian's Signature: _____

Date: _____

To be completed by the director or an administrator only. Please do not fill out the information below. Thank you.

Administrator/Director's Signature: _____

Date: _____ Child's Date of Enrollment: _____