

Dreamers Child Care

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 245A.51, subd. 1, before admitting a child for care, the license holder must obtain information about any known allergy from the child's parent or legal guardian. The child allergy information must be documented on a form approved by the commissioner, readily available to all caregivers, and reviewed annually by the license holder and each caregiver.

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 / Shellfis | 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