

ALLERGY AWARENESS REPORT

Child's Name: _____ Birthday: _____

Emergency Contact (Mom / Dad): _____ Phone #: _____

The purpose of this form is to make First Adventure aware of your child's allergies, and how you would like us to handle, if a reaction was to occur.

_____ **My child does not have any Allergies.**

Allergies:

Does your child have an Epi-Pen, for this allergy? YES / NO

Reactions to watch for:

What to do in the event of a reaction, based on Doctor's Instructions:

Substitutes that will be brought in:

*Substitutes provided by families will be used to accommodate your child, according to our menu.

Parent Signature: _____ Date: _____

*It is the parent's responsibility to update First Adventure, if any changes need to be made to this sheet.

There will be 3 copies of this sheet made:

1 for Child's file

1 for Child's room *When a child is transitioning to the next room, another copy will be made.

1 for the Kitchen