

Tiny Treasures Academy

ALLERGY FORM

Complete if your child has any allergy. This form must be signed by a licensed physician.

Name of Child: _____ **DoB:** ____/____/____

Food Allergy: Peanuts____ Tree Nuts____ Eggs____ Gluten____ Soy____ Fish/Shellfish____ Dyes____

Tomatoes/Tomato Sauce____ Strawberries____ All Dairy____ Milk Intolerant____

Other_____ Suggestion for Milk Substitute:_____

Symptoms: _____

Other Allergy: Latex_____ Medication:_____

Seasonal____ Dust____ Cats____

Other_____

Symptoms: _____

In Case of Emergency:

List steps preschool/childcare staff can take in case of allergic reaction:

(Administer medication like Benadryl or allergy med./Administer Epi Pen/Call 911/Notify Parent(s), etc.)

1. _____

2. _____

3. _____

Other information: _____

Parent/Guardian Signature: _____

Physician Name (Printed): Dr. _____

Physician Address/Phone Number: _____

Physician Signature: _____