Miss Barbara's Preschool

Allergy Information

Note: *This form must be completed and returned to the school regardless of whether your child has known allergies*.
If your child requires an **EpiPen**, please supply the school with the following items prior to the first day of attendance:

- **Emergency Plan:** Allergy/Anaphylaxis Plan signed by your Physician
- **Medication:** Current EpiPen and/or Benadryl
- **Photos:** 4 Passbook-sized photos of your child
- **Safe Snacks:** One 7 × 12 inch Plastic Box filled with safe snacks

Child's Name: _____ DOB_____ Session:_____

Does your child have any known food allergies? [ ] YES [ ] NO

Specific Allergies:

1. _____ 3. _____
2. _____ 4. _____

How does the allergic reaction typically present itself? _____

_____

What is procedure for the reaction? _____

_____

Is the allergy airborne? [ ] YES [ ] NO

Does your child have a prescribed EpiPen? [ ] YES [ ] NO

Additional Comments / Special Instructions _____

_____

By signing below, I certify that the information provided above is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____