

Allergy Information Sheet

Child's Name: [Child's Name]

Date of Birth: [Date of Birth]

Allergy Information:

- **Allergen:** [Allergen 1]
- **Reaction:** [Reaction Description]
- **Treatment:** [Treatment Instructions]

- **Allergen:** [Allergen 2]
- **Reaction:** [Reaction Description]
- **Treatment:** [Treatment Instructions]

Emergency Contacts:

Parent/Guardian Name: [Name]

Phone Number: [Phone Number]

Alternative Contact: [Alternative Contact Name & Phone]

Additional Notes: [Any additional information]

Please ensure that all staff members are aware of this child's allergies and the emergency procedures outlined above.

Signature of Parent/Guardian: _____

Date: _____