



ALLERGY FORM

ID



Name of Child

Name of Physician

Phone

Type of Allergy

Watch out for

Child's Photo

By what way is the child allergic?

By eating

By touching

By inhaling the smell

Observable signs and symptoms during allergic reactions

Wheeze

Pallor and cold sweats

Hives (Urticaria)

Raucous Voice

Altered level of consciousness

Rash

Difficulty swallowing

Dizziness

Itching

Persistent Cough

Localized swelling

Bluish Skin

Choking Sensation

Fast, weak pulse

Nasal Congestion

Other

In case of allergic reaction. Action(s) to be done

MEDICATION

Name of Medication

Route of administration

Possible side effects

Medication storage

Fridge

Cool & Dry Place

Other

Emergency Contact

Phone

Parent/Guardian's signature _____

Date _____

Physicien signature _____

Date _____

Center Authorized signature _____

Date _____

- This form must be completed by the parent/guardian(s) of the allergic child accompanied by a medical report. The management assumes no responsibility for any harm suffered by a child as a result of a reaction resulting from an unreported allergy.
- This form must be kept in the child's file for the period of his/her stay in the day care center.