



ALLERGY FORM

Child's Name:	
Parent/Guardian Name (First and Last)	
Parent/Guardian Name (First and Last)	

It is the policy of Early Blessings Daycare & Learning Center to maintain a current list of Food Allergies/Limitations for each child enrolled in the program. To help us keep up to date we would like you to complete the following questionnaire.

- My child _____ **DOES NOT HAVE ANY** allergies or food limitation.
- My child _____ is allergic or has food limitation to the following:

ITEM	DOES YOUR CHILD EVER CONSUME THIS ITEM?	ALLERGIC SYMPTOMS?

It is very important that you list everything your child is allergic to. This should include both food allergies as well as environmental allergies.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date