

Allergy Information

It is important for Small Blessings to know of any allergies or significant sensitivities (food, medical or otherwise) so that we can avoid reactions resulting from ingestion or contact with known allergens. This includes not only snack and lunch items but classroom activities as well. Please list anything that could be an issue for your child.

Child's Name: _____

My child does not have any known allergies or sensitivities. *Please initial if applicable.* _____

Allergy: _____

Epi-pen or other medication required? If so, please explain. _____

Allergy: _____

Epi-pen or other medication required? If so, please explain. _____

Any additional information: _____

Authorization for Emergency Medical Treatment

If my child should become ill or injured at Small Blessings, I understand that the facility will: (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment or medical services rendered.

Signature _____

Relationship to Child _____

Date _____