



Food Allergy Form

Child's name: _____

Parent/Guardian's name: _____

Emergency Contact Phone Numbers (please list 2): _____

Please list the food allergies your child has:

What medication does your child need in case of a reaction? Please list medication and dosage _____

If your child does require a medication, you will also need to fill out the form called "Authorization to Administer Medication – Child Care Centers"

Please contact our Director, Amanda Reinemann at men.falls.preschool.coop@gmail.com with any questions or further details.