

Allergy Alert Notice Form & Child's Health History

Child's name: _____ Date of birth: _____

My child is allergic to the following item(s): Please indicate all that apply.

*****Any food allergies diagnosed by a Physician MUST have a Food Allergy Emergency Plan form completed by the child's Physician for our records for each food allergy the child has.**

- Peanuts: Reaction: _____ Diagnosed by a Physician Yes or No
 Tree Nuts (Pecans, etc.): Reaction: _____ Diagnosed by a Physician Yes or No
 Eggs: Reaction: _____ Diagnosed by a Physician Yes or No
 Wheat: Reaction: _____ Diagnosed by a Physician Yes or No
 Dairy: (be specific) Reaction: _____ Diagnosed by a Physician Yes or No
 Fruits: (be specific) Reaction: _____ Diagnosed by a Physician Yes or No
 Vegetables: (be specific) Reaction: _____ Diagnosed by a Physician Yes or No
 Food Dyes: (be specific) Reaction: _____ Diagnosed by a Physician Yes or No
Other: _____

Please list any other foods that you would prefer that your child not consume.

.....
Does your child have an Epi-Pen available? Yes or No

If yes, please contact the Kingdom Kids Preschool & Kindergarten office.
.....

Has your child ever had or now has: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Head injury/Concussion |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Conditions |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney, Urinary /Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Orthopedic/Bone Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia/RSV |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Skin Conditions/Eczema |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Tuberculosis |

Please use the space below to explain items checked above:

Food Allergy Emergency Plan

Please have your child's Doctor complete one form FOR EACH known Food Allergy

Child's name: _____ Date of Birth: _____

Food child is allergic to: _____

Possible Symptoms if exposed to this food:

Please list specific steps to take if the child has an allergic reaction to this food or you may attach written Physician steps.

1. _____
2. _____
3. _____
4. _____
5. _____

Doctor name: _____

Address: _____

Phone: _____ Fax: _____

Dr. Signature: _____ Date: _____

By signing below, the parent or guardian of this child gives Kingdom Kids Preschool & Kindergarten permission to post the child's food allergy in the food serving and food preparation areas.

Parent or Guardian Signature: _____

Director Signature: _____ Date: _____

For Kingdom Kids use only:

- ___ Food Allergy Emergency Plan has been posted in the classroom and food service/preparation areas.
- ___ Food Allergy Emergency Plan has been included in your emergency evacuation binder
- ___ Food Allergy Emergency Plan has been included in your field trip binder.