

+ babysitter form/allergies

Our child

Has the following allergies

Peanut

Tree Nut

Dairy

Soy

Egg

Shellfish

Fish

Wheat/Gluten

Other

Other Medical Concerns

Allergy action plan is located

Emergency medicine is located

OUR EMERGENCY CONTACT INFORMATION

Mom



Dad



Other



PHYSICIAN EMERGENCY CONTACT INFORMATION

Name

Phone

In case of emergency call

911

Physician

Parents

You are at this address

We are at this address

Signs of an allergic reaction:

- | | |
|---|---|
| + Hives /itching | + Trouble breathing or swallowing |
| + Runny nose/sneezing | + Hives break out in different areas over body |
| + Itchy mouth | + Swelling of face, eyes, lips |
| + Mild nausea/discomfort | + Face turning blue, weak pulse, dizziness, confusion |
| + Shortness of breath, wheezing, coughing | + Severe vomiting, diarrhea or pain |