CHILDRENS™ LIGHTHOUSE LEARNING CENTERS

ALLERGY ALERT 2011

Child's Photo placed here

Child's Name _____

Date of Birth _____

Food Allergies (include symptoms to watch for): _____

Food Preferences (include if parent provides substitution): _____

Medicine and/or Contact Allergies (include symptoms to watch for): _____

Seasonal and/or Insect Allergies (include symptoms to watch for and medications provided): _____

Special Instructions for Allergic Reaction: