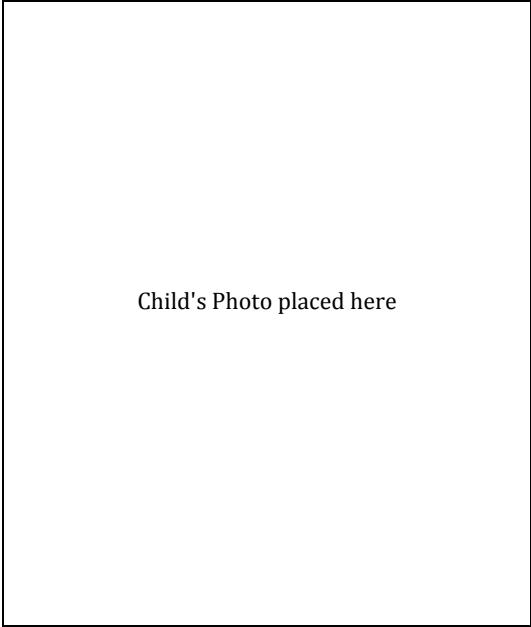




**CHILDRENSTM
Lighthouse
LEARNING CENTERS
ALLERGY ALERT** 2011



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:

