

# Family Child Care Allergy Information Form

PLEASE PRINT: Complete one form for each child. This form must be kept on file at the family child care home. Please Note: Pursuant to MN Statute 245A.51, subd. 1, before admitting a child for care, the license holder must obtain information about any known allergy from the child's parent or legal guardian. The child allergy information must be documented on a form approved by the commissioner, readily available to all caregivers, and reviewed annually by the license holder and each caregiver.

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**CHILD INFORMATION**

Last Name	First Name	Birthdate (mm/dd/yyyy)
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**PARENT OR GUARDIAN**

Last Name	First Name	Phone No.
Physician's Name	Physician's Number	

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**1. Please indicate items your child has an allergy to:**

- |   |   |                               |                                     |
|---|---|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Peanut / Peanut Products       | <input type="checkbox"/> Fish / Shellfish | <input type="checkbox"/> Eggs | <input type="checkbox"/> Milk       |
| <input type="checkbox"/> Soy Products                   | <input type="checkbox"/> Gluten           | <input type="checkbox"/> Nuts | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Other (please indicate): _____ |   |                               |                                     |

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**2. What things trigger an allergic reaction in your child?**

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**3. What thing should be avoided due to the allergy?**

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**4. What are the sign and symptoms of your child's allergic reaction? Be specific.**

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**5. What treatment or medication does your child have in the event of an allergic reaction? (include doses):**

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**6. What are the procedures for responding if your child has an allergic reaction?**

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Signature of Parent / Guardian	Date
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