

## Tilbury Tots Early Learning Centre- Allergy Notification Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Because your child is participating in the Tilbury Tots Early Learning Centre program, it is important to be fully informed about any allergies that he or she may have. Please list all of your child's allergies as well as the nature of your child's allergic reaction and the severity of the reaction.

| Allergy | Reaction Occurs by:(ex. Ingestion, Touch) | The Allergic Reaction: | Severity of the Reaction   | Severity details: | Treatment |
|---------|---|------------------------|--|-------------------|-----------|
|         |   |                        | <input type="checkbox"/> Mild<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Anaphylactic |                   |           |
|         |   |                        | <input type="checkbox"/> Mild<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Anaphylactic |                   |           |
|         |   |                        | <input type="checkbox"/> Mild<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Anaphylactic |                   |           |
|         |   |                        | <input type="checkbox"/> Mild<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Anaphylactic |                   |           |
|         |   |                        | <input type="checkbox"/> Mild<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Anaphylactic |                   |           |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 (Please Print)

**In Case of Emergency**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date