



CHILD'S LAST NAME, FIRST NAME:

THE CHILDREN'S CIRCLE PRESCHOOL

ALLERGY ALERT FORM

Child's Name _____

School Year _____

Allergy to _____

Description _____

Avoid _____

Symptoms _____

PLACE PHOTO
OF
CHILD HERE

Emergency Measures/Classroom Accommodations Needed _____

TCC has my permission to post my child's picture and take the emergency measures. I also agree that this information can be shared, as necessary, with the preschool staff and health care providers.

Parent's Name (please print) _____

Parent's Signature _____ Date _____

For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.