

Gloria Dei's Lutheran Child Care Center Allergy Alert Document

Child's Name _____

Date of Birth _____

(Circle one) Allergies or No Allergies

Parents, please fill out any known allergies your child may have. Indicate how they affect your child through ingestion and/or contact. Then indicate what precautions we may need to make. If no known allergies, just circle above, sign below and return to the office.

Allergen	Ingestion	Contact	Precautions

Date

Parent/Guardian signature