



Allergy/Medical Information Form

Please complete the information below and return this form to the CAC.

Child's Name: _____ Birth Date: ____/____/____

Medical Need and/or Allergy: _____

Important information the Child Care Staff should know. Please include any preventative information and/or symptoms that we need to know to help ensure the safety of your child.

Please note that the above information will be used only to inform the Child Care Staff of your child's needs. This information will be kept strictly confidential in all other circumstances. Should you desire additional precautions; allergy stickers will be available at the childcare desk upon checking-in. We do recommend stickers for children with potentially dangerous conditions including (but not limited to) a milk/dairy allergy, food allergy, latex allergy, severe asthma, and diabetes.

Parent Signature: _____ Date: ____/____/____

Thank you for enabling us to give your child the best possible care!

Sincerely,
Carly Phillips
Children's Activity Center Director

