

**ALLERGIES AND MEDICATION**  
**(To be filled out by parent)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Food Allergies:**

Is child allergic to any foods? If so, please name and describe allergic reaction. Be specific about child's age when reaction occurred.

\_\_\_\_\_  
\_\_\_\_\_

**Medical Allergies:**

Is child allergic to any medicines? If so, please name and describe allergic reaction. Be specific about child's age when reaction occurred.

\_\_\_\_\_  
\_\_\_\_\_

**Current Medical Status:**

Does child have any important medical problems?

Please describe: \_\_\_\_\_

\_\_\_\_\_

Please name doctor caring for this: \_\_\_\_\_

Is child receiving medication of any sort? Yes \_\_ No \_\_

**If yes:**

Medication (s) \_\_\_\_\_ dose \_\_\_\_\_ time \_\_\_\_\_ Doctor \_\_\_\_\_

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