Healthy Hearts Daycare (LIC #364845380)
Allergy Form

Please list all allergies and treatments below (*Be specific*):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Does your child know about his/her allergies and what to do in case of a reaction?

____ Yes ____ No

I, _____, give Healthy Hearts Daycare consent to do whatever
(Parent's Name)
is necessary for the well-being of my child if he/she has an allergic reaction. I will also bring ALL necessary medications if my child suffers from frequent allergic reactions.

_____ _____
(Parent's Signature) (Date)