



# Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356  
(508) 230-7445

## Allergy Information Form

This form must be completed for each child enrolled in the program. If your child has no allergies, please indicate that below, sign, date and return to us. Thank you!

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class Enrolled In:     Toddlers                       3 Year Old                       4 Year Old                       Pre-K

My child has:             Allergies                       no known allergies

### **Allergy Description:**

If you checked off that your child has allergies, please list the allergies below and describe them as accurately as possible in the section labeled "Description/Restrictions". For example, if your child has a nut allergy, please be specific as to whether your child is allergic to peanuts, tree nuts or both. Also, if your child has a milk allergy or is lactose intolerant, please tell us about any dietary restrictions. For example, can he or she have baked goods containing milk products? What products must be avoided.

Type of Allergy: \_\_\_\_\_

This allergy requires:  Prescription Medication       Non-prescription medication       No Meds

Description/Restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Allergy: \_\_\_\_\_

This allergy requires:  Prescription Medication       Non-prescription medication       No Meds

Description/Restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please keep in mind you will need a letter from your child's physician if you want us to administer non-prescription medications to your child. If your child carries a prescription medication, the medication must be delivered to the office, not the classroom teacher. It must be in its original packaging with the pharmacy label clearly affixed. Do not leave any medication in your child's possession, cubby, or in his or her classroom. There may be addition forms that need to be completed before the medication can safely be stored in the classroom's emergency backpack.

I have accurately described the nature of my child's allergy and will supply the school with any medication necessary to treat this allergy. I agree to accurately complete and return all related paperwork to the office prior to the start of school. If any of the above information changes, I agree to inform the school in writing.

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*