



# Medical & Allergy Disclosure Form

If indicating YES, parent/legal guardian must attach picture of child  
  
HERE  
  
This form will be posted in classroom.

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

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

Class: \_\_\_\_\_

1. DOES YOUR CHILD HAVE ANY ALLERGIES?  YES  NO (If indicating YES, fill out questions A-E. List only one allergen per form, including food, medication, insects, chemical, first aid cream, lotions, plants. If your child has a nut allergy indicate type of nut and severity. A peanut/nut free classroom will be considered only with a note from your physician documenting type of allergen and reaction, and a meeting with the Director.)

A. ALLERGEN \_\_\_\_\_  Only By Ingestion  By Contact

B. REACTION \_\_\_\_\_

C. STEPS TO BE TAKEN TO AVOID THIS ALLERGEN \_\_\_\_\_

D. HAS YOUR CHILD EVER HAD ANAPHYLAXIS?  YES  NO

E. DOES YOUR CHILD USE AN EPINEPHRINE AUTO-INJECTOR (EpiPen)?  YES  NO (If YES, you MUST fill out Authorization for Prescription Medication Form.) List specific symptoms that would indicate the need to administer.

\_\_\_\_\_

2. DOES YOUR CHILD SUFFER FROM ASTHMA:  YES  NO (If YES, indicate triggers and treatment) \_\_\_\_\_

\_\_\_\_\_

3. DETAILED TREATMENT/EMERGENCY CARE PLAN (Include the names, doses, and methods of prompt administration of any medicines. Attach separate sheet if needed. If medication is to be given, you MUST fill out Authorization for Prescription Medication Form.)

\_\_\_\_\_

**PLEASE NOTE:** Children with chronic illnesses such as diabetes or asthma, or those children with unusual medical circumstances or conditions, **MUST have an Emergency Care Plan on file** from their physician in accordance with FLDCF Handbook Section 2.5.3. Additionally, training by a medical professional should be arranged for staff as necessary depending upon the situation and FLDCF requirements. Such training is also required for the administration of medication not typically prescribed for children. All prescription and non-prescription medications that are to be given during preschool hours require written authorization from your child's doctor, as well as an Authorization for Medication Form, and must be in their original container. Please see our Health Guidelines sheet for additional information.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Parents: Please fill out BOTH SIDES and return this form and any additional required forms or documentation before your child's first day of attendance.**