



Allergy Update Form May 2019

Child's name: _____

Date of Birth: _____

Does your child have any known allergies?

Yes / No

Is your child undergoing any tests for allergies?

Yes / No

Does your child suffer from Hay fever, eczema etc.?

Yes / No

If yes to any of the above, please give details of the cause of the reaction (eg Peanuts, pollen etc):

What reaction does your child have?

Is any regular medication prescribed (e.g. antihistamines for hay fever?)

Yes / No

Please give details:

What action do you wish for us to take to treat this reaction?

Are there certain foods or drinks that should not be given to your child on medical, religious, or cultural grounds or personal preference?

Yes/No

Please give full details:

Are there certain foods or drinks that should not be given to your child for personal preference reasons?
Yes/No

Please give full details: _____

Please also provide details of any new **contact numbers/ Email addresses etc**

Any other relevant information you feel we need to know

Parent name: _____

Date: _____

Parent Signature: _____

Please return this form even if there are no allergies or changes.

Thank you for taking the time to fill out this form. As you can understand it is important for us to keep all our information about your child up to date, this enables us to provide the best possible care for them.

Once you have completed this form please hand back to a member of staff.

If you have any questions or queries please come and see myself or one of the Office staff

Many Thanks, Charlotte Angel, Manager