

Nursery:		Date:	
Completed By:		Position:	
Child's Name:			

1. What is the specific allergen and allergy?	
2. How severe is the allergic reaction?	
3. Has your doctor (or a specialist) been involved in the management of the allergy?	
4. What are the symptoms of the allergic reaction?	
5. Is your child allergic to the item through touch?	
6. Is your child allergic to the item through aroma?	
7. Will the child be allergic to food that has been in contact with the allergen?	
8. Has the family doctor or specialist confirmed details of the allergy in writing to you?	
9. How many times has the child suffered the allergic reaction and what were the symptoms on each occasion?	
10. Does the child require an Epi Pen or other medication in connection with the allergy to be kept at the nursery?	
11. When was the last episode of allergic reaction illness?	

Does the child's GP or Specialist agree that the child can attend the nursery?			
GP/Specialist Signature:		Date:	
Letter provided:	Yes / No		

Control Measures

e.g. plate/placemat colour, specialist food agreed (gluten free etc.), additional requirements discussed with Key Person

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I confirm this form contains all information currently known to us regarding any allergies and intolerances.
I undertake to inform Childbase immediately, verbally and in writing, of any changes to treatments, intolerances or allergies.

Signed by Parent/Guardian:		Date:	
Signed by Key Person:		Date:	
Management Signature:		Date:	
Cook Signature:		Date:	
Agreed Date of First Review:			

Management Review		Key Person Review		Changes
Date	Signature	Date	Signature	