

# Peter Pan Day Schools / Little Shepherd Day School Allergy - Health - Dietary Notification Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

My child does NOT have a food or non-food allergy     My child HAS a food or non-food allergy  
 My child does NOT have dietary restrictions.     My child HAS the following dietary restrictions:

Dietary Restrictions: \_\_\_\_\_

My child has a health diagnosis the school needs to be aware of.     Yes     No

Please provide details: \_\_\_\_\_

I understand that I am responsible for notifying the school and filling out a new Allergy - Health - Dietary Notification form in the event my child is diagnosed with a food or non-food allergy, his/her dietary needs change, or a health diagnosis arises.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

List All Allergies (food and non-food)

<b>Allergy:</b>	<b>Allergy:</b>
Reaction:	Reaction:
Action to be taken:	Action to be taken:
<b>Allergy:</b>	<b>Allergy:</b>
Reaction:	Reaction:
Action to be taken:	Action to be taken:

My child's allergy / health issue requires the following:

- Epinephrine Auto-injector (EpiPen)    \* Staff must be trained to use your child's EpiPen  
 Nebulizer    \* Staff must be trained to use your child's Nebulizer  
 Inhaler    \* Staff must be trained to use your child's Inhaler  
 Other - Please indicate \_\_\_\_\_

Please list all required medications you are providing the school with, along with expiration dates.

Medication Name:	Dosage:	Expiration Date:
Medication Name:	Dosage:	Expiration Date:
Medication Name:	Dosage:	Expiration Date:

I understand that it is my responsibility to provide the school with all needed medications for my child and that I am responsible for replacing expired medications by the expiration date.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Peter Pan Day Schools / Little Shepherd Day School Allergy - Health - Dietary Notification Form

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

In the event of an allergic reaction or illness, please indicate which phone number to call first, second, third, etc.

Mother's Information	Father's Information
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

I have read the parent handbook and understand the Peter Pan/Little Shepherd medication policy.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Peter Pan Early Learning Centers and Little Shepherd Day School requires all children with any allergy to have an Allergy Action Plan from their child's pediatrician on file in the school. I have provided the school with an Allergy Action Plan signed by my child's pediatrician.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have discussed my child's allergy / allergy action plan, health issue, and/or dietary restrictions with the school director and my child's classroom teacher.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If your child has food allergies or restrictions, it is your responsibility to inspect the snack menu and lunch menu ingredients ([www.organiclife.com](http://www.organiclife.com)) and inform the school of any foods that your child cannot have. You may bring nut free food substitutions for menu items your child cannot eat.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Peter Pan Day Schools and Little Shepherd Day School strives to exclude all peanut products and foods processed with peanuts from our menus and our school. If you wish to provide a treat for your children's birthday celebration, it must be purchased through Organic Life catering (details available through the school office). I have read and understand the above food allergy policy.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_