



Allergy Form

Name: _____ Date: _____

New Wonders Learning Center, Inc. will make every attempt possible to keep your child safe from foods or allergens that will cause them to have an allergic reaction. We are also aware of some foods that many families do not want their children to consume. Therefore, please take a moment to complete this form in its entirety. If this does not apply to your child, please write "Does Not Apply" across the form and sign the bottom. This form is required in every child's folder.

Please remember that we are a "nut" free school.

| <u>Allergy</u> | <u>Reaction</u> | <u>Remedy</u> |
|----------------|-----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Foods I do not want my child to eat:

(We will list this as a food allergy in the classroom to alert the staff the food is prohibited!)

Food:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date