

## PARENT NOTIFICATION OF ALLERGIC REACTION OR EXPOSURE

<b>Child's Name:</b>		<b>Child's Date of Birth:</b>
<b>Date of Reaction:</b> <small>(month/day/year)</small>	<b>Time of Reaction:</b> <small>(a.m.-p.m.)</small>	<b>Staff/Caregivers Present:</b>
<b>Date of Exposure:</b> <small>(month/day/year)</small>	<b>Time of Exposure:</b> <small>(a.m.-p.m.)</small>	<b>Staff/Caregivers Present:</b>

Name of food ingested or exposed: \_\_\_\_\_

Confirmed or suspected symptoms or reaction: \_\_\_\_\_

How were parents notified: \_\_\_\_\_  
(in-person, telephone, voice mail, text, email)

Name of parent notified: \_\_\_\_\_  

Date
Time

Other person (s) notified: \_\_\_\_\_  

Date
Time

Followed instructions from physician: \_\_\_yes \_\_\_no

Plan to prevent future exposure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Child Care Provider Date Time

\_\_\_\_\_  
Signature of Parent/Guardian Date Time