

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

<b>Allergy</b>	<b>Reaction/Signs to Watch For</b>	<b>Treatment**</b>

\*\*A Medication Consent form must be completed prior to administering medications of any type.

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

Legal Guardian Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

S.E.E.K. Representative \_\_\_\_\_ Date \_\_\_\_\_



## Allergy Acknowledgment

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

\_\_\_\_\_ My child **does not** have any known allergies.

\_\_\_\_\_ I understand the S.E.E.K. Early Learning Center is a nut-free facility.

\_\_\_\_\_ I understand that all foods brought into S.E.E.K. Early Learning Center must be nut-free.

**Due to the fact that my child has food allergies, I agree to the following:** *(Please Initial)*

\_\_\_\_\_ I will provide a detailed description of the foods to which my child is allergic and symptoms of a reaction. Parent must complete an *Allergy Action Plan* form.

\_\_\_\_\_ I will provide a signed letter and current prescription from my child's pediatrician with instructions to follow in the event that my son or daughter experiences an allergic reaction. Parent must complete a *Medication Consent* form.

\_\_\_\_\_ All medications must be in their original container, and must be clearly labeled with my child's name.

\_\_\_\_\_ I understand that my child's medical needs will be posted in the classroom, so that all S.E.E.K. Early Learning Center employees will be aware of my child's needs.

\_\_\_\_\_ I will label all of my child's foods and beverages brought from home with my child's first and last name and the date provided.

\_\_\_\_\_ I understand that S.E.E.K. Early Learning Center cannot guarantee a completely nut-free environment since other activities and programs occur at S.E.E.K. Early Learning Center within the preschool space outside of school hours. S.E.E.K. Early Learning Center will maintain a no-nut environment in our classrooms during preschool hours.

\_\_\_\_\_ I understand and agree to the above and agree that S.E.E.K. Early Learning Center and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's *Medication Consent* form and *Allergy Action Plan*. I understand the S.E.E.K. Early Learning Center and its employees will use reasonable care in doing so.

\_\_\_\_\_  
Legal Guardian Printed Name

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
S.E.E.K. Representative

\_\_\_\_\_  
Date