



Chestnut Grove  
Child Development Center

# Allergy Alert

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## Special Medical Needs

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

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

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**Allergy Symptoms:**

\_\_\_\_\_  
\_\_\_\_\_

**Specific Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Health/Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**Specific Instructions or Needs:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

Note: Even if the child has no allergies, this form must be completed and signed by the parent.