

Parent Notification of Allergic Reaction or Exposure

Child's name: _____ Child's age: _____

Date of reaction: _____ Time of reaction _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

Date of exposure: _____ Time of exposure: _____ Provider Present: _____
(month/day/year) (a.m.-p.m.) (Yes or No)

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