

Immanuel Lutheran Preschool - Waterloo, IL

**Allergies and
Special Dietary Considerations**

Does your child have any allergies? Yes No

If "yes," please list allergies (**including food allergies**), and, if applicable, describe the reaction and management of the reaction.

Allergy _____

Reaction _____

Management of the reaction _____

Allergy _____

Reaction _____

Management of the reaction _____

Other Vital Information:

Child's Name _____ (please print) Birthdate _____

Current Weight _____

X PARENT SIGNATURE AT THE BOTTOM OF THIS FORM ENSURES DISCLOSURE OF ANY KNOWN ALLERGIES OR ADVERSE REACTIONS AND INCLUDES CONSENT AND AGREEMENT FOR THE PARENT TO PROVIDE AN APPROPRIATE SNACK FOR HIS/HER CHILD WHEN NECESSARY.

Parent's Signature _____

Date _____