EXECUTIVE CHILD DEVELOPMENT CENTER
EST. 1976

Child's Name _____ Date of Birth ____/____/_____

Allergic to: _____

Level of exposure required for a reaction: (i.e. ingestion, skin contact)

_____

_____

Expected reaction(s): _____

_____

_____

_____

Treatment for reaction(s): _____

_____

_____

_____

Physician's Name _____ Signature _____ Date ___/___/____

Parent's Name _____ Signature _____ Date ___/___/____