

ALLERGY FORM

Childs Name: _____ Age: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Relationship: _____

Does your child have any allergies? Yes No

FOOD:

REACTION:

Does your child suffer from any other allergies? Chemical/Nonfood

Please list and indicate type of reaction.

I _____ give Culinary Connect permission to seek emergency medical attention for my son/daughter if I cannot be contacted and to share the above health information to personnel who have a need to know.

Signature: _____ Date: _____