



# Parent-Child Development Corporation

Bridges Early Head Start

P.O. Box 799, West Point, VA 23181

Phone: 804-843-2289 Fax: 804-843-2308



## Allergy Information Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Food Allergy \_\_\_\_\_

Other Allergies \_\_\_\_\_

Adverse Reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure for Reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physicians Name \_\_\_\_\_

Physicians Address \_\_\_\_\_  
\_\_\_\_\_

Physicians Phone Number \_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_