



*A place for your child to grow and for you, peace of mind*

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## ANAPHYLAXIS & ALLERGIC REACTION

Child's Name \_\_\_\_\_

D.O.B \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_  
MM DD YY

Child's Classroom Teacher \_\_\_\_\_

Anaphylaxis/Allergic Reaction to:

Signs or Symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions to be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

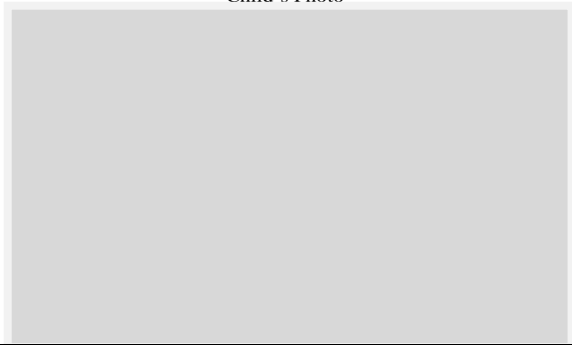
Emergency Treatment to be Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact

Name	Relationship	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Photo



Medication Storage location: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_