



## ALLERGY QUESTIONNAIRE

My child, \_\_\_\_\_ DOES  DOES NOT  have allergies.

	Allergy	severe	mild	if FOOD allergy:	Ingested	contact	order of actions to be taken, including meds *if meds are needed the medication form must be completed
1		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Please list below, in order of importance, people to contact in case of an emergency due to your child's allergies. This will only happen if the reaction is MILD enough to NOT call 911.

	Contact Name	Phone #
1		
2		

## TOPICAL CREAM AND SKIN PROTECTANT

I hereby authorize Spartan Child Development Center staff members to apply topical, nonprescription medication as needed to my child \_\_\_\_\_. Topical, nonprescription medication is to be provided by parent/guardian, in its original container.

Please select from the choices below:

- Nothing
- Diaper Cream (ONLY for children within the Infant/Toddler wing)
- Sunscreen
- Bug Spray
- Other: \_\_\_\_\_

Parent/Guardian, (name) \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE (Please choose one)

\_\_\_\_\_ I/We give permission for pictures and other media of my child to be displayed inside the school building, on our website, on our Facebook page, and on occasion, for educational, marketing, and advertisement purposes.

\_\_\_\_\_ I/We give permission for pictures and other media of my child to **ONLY** be displayed inside the school building and in weekly class newsletters.

\_\_\_\_\_ I **DO NOT** give my permission to Spartan Child Development Center to take any pictures and/or video of my child.

Parent/Guardian, (name) \_\_\_\_\_ Date: \_\_\_\_\_