

Date: _____

Dear: _____
(Parent's Name)

Here at The Cedarhouse School our goal is to keep your child as healthy and safe as possible. To that end, we will do everything in our power to keep known allergens from your child. However, if an allergic reaction should occur we must be informed as to how best to handle it. The attached forms are required so that we may keep and administer emergency medications (i.e.: Benadryl, epi-pen, etc.) to your child should a reaction occur while in our care.

Please complete and sign the front of the attached form. Your child's physician is required to complete and sign the back of the form. Both sides of the form must be completed and returned before any emergency medications can be kept on the premises.

Please be aware that these forms are required to be updated annually. Likewise, please be aware that the medications will need to be replaced should they reach the expiration date printed on the package. Expired medications may not be administered.

We also ask that you submit a recent photo of your child along with these forms. The photo is kept with the emergency instructions in the child's classroom to ensure that your child is kept away from the listed allergens. This way your child is easily recognized should a substitute be working in the classroom.

Thank you for your cooperation with our procedures. Working together, we can provide a safe environment for your child to play and learn. Any questions or concerns please do not hesitate to contact me.

Sincerely,

Cara Reno
Assistant Director

Date: _____

Child's Name: _____

Date of Birth: _____

Parents' Name: _____

Physician's Name and Phone Number: _____

Allergy	Physical Signs of Reaction to Allergen	Requested Treatment (include dosage if med req'd)	Life Threatening?

(Physician's Signature)

(Date)

I authorize Cedarhouse staff to administer the above prescribed medication in the event of an allergic reaction. I also agree to furnish said medication in the container supplied by the drug store with the label intact.

(Parent Signature)

(Date)