

ALLERGY INFORMATION SHEET

Dear Parent/Guardian:

Please disclose by filling out this form whether your child has an allergy or a severe allergy that you believe should be disclosed to us Creative Behavioral Connections, in order to enable the clinic and service providers to take the necessary precautions for your child’s safety. Please return this form as soon as possible. Please inform us should additional allergens be identified after the completion of this form.

“Severe allergy “means a dangerous or life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.”

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

If you have no food allergies to report, please check the box.

Additionally, if you child has any other known allergies (e.g, insect bites) please disclose below:

Known Allergen:	Nature of allergic reaction to exposure:

If you have no known allergies to report, please initial the box.

In closing, if your child has a special or restricted diet that you would like us to be aware of please describe below:

If your child does not have a special or restricted diet, please initial in the box.

If you have any questions about the Food Allergy Information Form, please contact our front office at 702-901-5200.

Printed Name of Client

Date: _____

Signature of Client (or Client's Parent/Legal Guardian)