



## ALLERGY DECLARATION AND CARE REQUIRED

Dear Parent(s)/Guardian(s),

To ensure we can care for your child effectively, please complete this form where you have stated on the registration form that your child has an ongoing medical condition(s) that requires care. This is in line with **OFSTED Regulations**. This form will be reviewed with you by the Coordinator to discuss the care required and they will countersign this form.

Child's full Name:-

D.O.B:-

<p><b>Allergy your child suffers from. (Penicillin, nut etc...)</b></p>	
<p><b>Please give details of the symptoms/outcome that we may see if your child came in to contact with the product/item.</b></p>	
<p><b>Does your child take medication for this allergy? If yes, please give details of the medication, dosage and whether you manage this medication at home?</b></p>	
<p><b>What controls would you like S.O.S to put in place in order to try and prevent your child from suffering an allergic reaction within the setting?</b></p>	

Parent/Guardian Full Name:-

Signature.....Date .....

Co-ordinators Full Name.....

Signature.....Date.....

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Brighthouse S.O.S will use the information provided to give the best possible care for your child. We will share this information with all staff members and where necessary other agencies, medical professionals and the committee members. All information will be shared under the terms of our confidentiality policy. Please ask if you require further details of our policies & procedures.