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**Allergy Form**  
**(Please print all information)**

Name: \_\_\_\_\_

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

Creative Play will make every attempt possible to keep your child safe from food or allergens that may cause them to have an allergic reaction. We are also aware there are foods that families do not want their children to consume for **religious** or **medical** reasons. Therefore, please take a moment to complete this form in its entirety. If this information *does not apply* to your child, please write "**Does Not Apply**" across the form and sign the bottom. This form is required in **every** child's folder.

Allergy

Reaction

Remedy

_____	_____	_____
_____	_____	_____
_____	_____	_____

Foods I do not want my child to eat due to **religious** or **medical** reasons:  
(we will list this as a food allergy in the classroom to alert the staff that the food is prohibited)

Food:

_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)