

## PARENT NOTIFICATION OF ALLERGIC REACTION OR EXPOSURE

*(Subsidy Inspection Requirements for Family Day Homes VENDHOM-000-(6)-022)*

|   |  |                                  |
|---|--|----------------------------------|
| <b>Child's Name:</b>  |  | <b>Child's Date of Birth:</b>    |
| <b>Date of Reaction:</b><br><small>(month/day/year)</small> | <b>Time of Reaction:</b><br><small>(a.m.-p.m.)</small> | <b>Staff/Caregivers Present:</b> |
| <b>Date of Exposure:</b><br><small>(month/day/year)</small> | <b>Time of Exposure:</b><br><small>(a.m.-p.m.)</small> | <b>Staff/Caregivers Present:</b> |

Name of food ingested or exposed: \_\_\_\_\_

Confirmed or suspected symptoms or reaction: \_\_\_\_\_

How were parents notified: \_\_\_\_\_  
(in-person, telephone, voice mail, text, email)

Name of parent notified: \_\_\_\_\_  

Date
Time

Other person (s) notified: \_\_\_\_\_  

Date
Time

Followed instructions from physician: \_\_\_\_yes \_\_\_\_no

Plan to prevent future exposure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Child Care Provider Date Time

\_\_\_\_\_  
Signature of Parent/Guardian Date Time