



ROWVILLE & DISTRICT
NEIGHBOURHOOD HOUSE
VACATION CARE PROGRAM
CRN: 555 015 575J

ALLERGY AWARENESS FORM

Please complete if your child has an allergy

Child Name: _____

Age: _____

Parent/Guardian Information

Name: _____

Name: _____

Contact Numbers: 1. _____

Contact Numbers: 1. _____

2. _____

2. _____

3. _____

3. _____

Doctor: _____ Phone: _____

Allergy: (Please describe in full detail)

Common Signs & Symptoms Trigger Factors (known):

Treatment/Action Plan staff should take:

Parent Signature: _____ Date: _____

Note: You may need to consult your doctor when filling in this information sheet.

Current
PHOTO
please