

Open Arms Child Care Center Allergy Form

Let us know if your child has any allergies or special medical conditions which we need to be aware of. In case of emergencies it is important for our teachers to have this information.

Write any important information on this sheet and return it with your enrollment paperwork. Please let us know if any of this information is confidential.

Child's Name: _____

Allergies: _____

Medical Condition: _____

Special Instructions: _____