



**Minneapolis**  
Park & Recreation Board

**ALLERGY INFORMATION FORM**

*All spaces must be filled in completely if "yes" to allergy.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date pulled from Eleyo \_\_\_\_\_

My child has an allergy (circle one)	Yes      No
--------------------------------------	-------------

**If Yes, include description:**

**Allergy Triggers:**

**Allergy Avoidance Techniques:**

**Allergy Symptoms:**

**Procedure for Response to Allergic Reaction:**

**Allergy Medication and Dosage:**

**Doctor's Contact Info:**

**Staff caring for the child**

The following staff have reviewed the allergy information form and agree to follow the plan.

Print Staff Name (Legibly)	Signature	Date

In [Minn. Stat. 245H.13, subd. 4\(c\)](#), staff training requirements for child allergy information must be followed. Staff persons must be informed of child allergy information at least annually and when a change is made to allergy-related information in a child's record.