

Fern Flower - Nature School Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3 Phone Number: 250-299-2054

E-mail: fernflowernatureschool@gmail.com

Allergy or Dietary Concern Records

Child's Name:		
Child's Birthday:		
Caregiver #1:	Phone Number:	
Caregiver #2:	Phone Number:	
Allergy / Dietary Concerns:		
Doctor's Name:		
Doctor's Phone Number:		



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Allergy/Dietary Details:		
Description of Allergy/Die	tary Concerns:	
Triggers:		
Symptoms:		
• Severity (Mild/Moder	rate/Severe):	
Known Allergens or Dieta	ry Restrictions:	
Emergency Response Plar	า:	
Medication (if applicable):		
Name of Medication:		
Name of Medication.		
Dosage:		
Administration Instructions:		
Preventive Measures:		



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List of	Foods/Items to Avoid:
Prefe	red Alternatives:
Signs	of a Reaction:
Emerç	gency Response:
	Immediate actions to take in case of an allergic reaction. Contact information for emergency services.

This form is designed to keep all necessary information about your child's allergy or dietary concerns readily available at the Nature School, ensuring their safety and well-being. Please update this form as needed and communicate any changes to Nature School staff promptly. Your child's health and safety are our top priority.

3. Additional Notes: _____