# Parent Notification of Allergic Reaction or Exposure

(Subsidy Inspection Requirements for Family Day Homes 22VAC40-665-330 D)

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Child’s Date of Birth:</th>
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| Date of Reaction:  
(month/day/year) | Time of Reaction:  
(a.m.-p.m.) | Staff/Caregivers Present: |
|-------------------|-------------------|--------------------------|

| Date of Exposure:  
(month/day/year) | Time of Exposure:  
(a.m.-p.m.) | Staff/Caregivers Present: |
|-------------------|-------------------|--------------------------|

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