## PARENT NOTIFICATION OF ALLERGIC REACTION OR EXPOSURE
*(Subsidy Inspection Requirements for Family Day Homes VENDHOM-000-(6)-022)*

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Child’s Date of Birth:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date of Exposure: (month/day/year)</th>
<th>Time of Exposure: (a.m.-p.m.)</th>
<th>Staff/Caregivers Present:</th>
</tr>
</thead>
</table>

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