

PARENT NOTIFICATION OF ALLERGIC REACTION OR EXPOSURE

(Subsidy Inspection Requirements for Child Day Centers 22VAC40-665-700 D)

| | | |
|---|--|----------------------------------|
| Child's Name: | | Child's Date of Birth: |
| Date of Reaction: <small>(month/day/year)</small> | Time of Reaction: <small>(a.m.-p.m.)</small> | Staff/Caregivers Present: |
| Date of Exposure: <small>(month/day/year)</small> | Time of Exposure: <small>(a.m.-p.m.)</small> | 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