



636-464-5439

Pediatric Therapy Specialist

Allergy Information

Child's name: _____

Does your child have any known allergies to food, drugs, creatures, materials, other? If yes, please specify: _____

Does your child have any chronic diseases or health problems that Therapeutic Playtime staff should be aware of? If yes please explain? _____

Are there any foods or drinks you do not wish for your child to be given during their treatment sessions?

Staff at Therapeutic Playtime will do their best to prevent known allergens from contaminating food served during snack time each day; although it should be known that foods are purchased for the preparation of class and other snacks prior.

At the beginning of the class schedule, the families will notify therapists and facility that a child with an allergy is attending and the foods should be brought in from outside the facility from the child's parents for snack. However food is regularly brought in from outside the facility, it is impossible for staff to control all of the food supply at the facility.

In this particular environment, it is possible that a student could be exposed to a known allergen; and ultimately, the risk of allergic reaction must be incurred by the allergic student's family.

I, _____, parent of _____, understand that Therapeutic Playtime, will do everything it can to keep known allergens out of facility and to educate facility and families that my child has a food allergy. I also understand that food exists on the premises that comes from outside homes and may have been prepared with allergens unbeknownst to the staff at Therapeutic Playtime.

I accept the risk for my child and my family, and I release Therapeutic Playtime, and any of its staff from any liability that might occur as a result of an allergic reaction that happens on the property of Therapeutic Playtime.

____ No, my child does not have any life threatening allergies. My child and I are responsible to monitor his/her own dietary intake.

____ Yes, my child is evaluated and has a known allergy to: _____

Signature of Parent or Legal Guardian _____ Date: _____

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www.therapyplay.com