



Allergy Alert

Please read the following list carefully and indicate any allergies you know your child has. Please list any other known allergies in the space below. This information will be noted in a prominent place in your child's chart. Please keep me informed of any allergic reactions that are identified in your child over the course of his therapy program. Your child's health and safety are of the utmost importance to us!

Please list any known **food** allergies: _____

Please list any known **environmental** allergies: _____

Is your child on a special diet? ___ **YES** ___ **NO**

If yes, please provide additional details: _____

If your child has no known allergies, please write "NO KNOWN ALLERGIES" in the blank below: _____

I have provided the information above to the best of my knowledge at the request of Shenandoah SOUNDStart, LLC. I will be responsible for notifying Shenandoah SOUNDstart, LLC of any change in the status of the above information.

Child's Name: _____ **Date Of Birth:** _____

Guardian Signature: _____ **Date:** _____