



Kidz KNECT Allergy Alert Information

Fort Mill Church of God, 221 Academy Street, Fort Mill SC 803/547-2629

Today's Date: _____

This information will not be kept confidential. It will be shared with every teacher/volunteer that works with your child in any way. Please be as thorough and specific as possible.

Section 1 – Basic Information

Child's Name _____ Child's Age _____

Gender _____ Date of Birth _____ Height _____ Weight _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Parent Contact Information _____

Section 2 - Emergency Contact Numbers

Name _____ Relationship _____

Contact Phone _____

Name _____ Relationship _____

Contact Phone _____

Section 3 – Emergency Medications

Does your child require an Epi Pen for his/her allergies? _____ Yes _____ No

Section 4 – Food Allergies

Peanuts _____ Yes _____ No Comments _____

Tree Nuts _____ Yes _____ No Comments _____

Eggs _____ Yes _____ No Comments _____

Dairy _____ Yes _____ No Comments _____

Other _____

Section 5 – Special Diets/Sensitivities

Special Diet/Restriction _____ Gluten Free _____ Lactose Intolerant

Other _____





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Section 6 – Common Snacks

Below is a list of common snacks served during Kidz KNECT Activities. Please indicate Yes/No for each snack listed.

	Yes	No
Goldfish		
Ritz Crackers		
Animal Crackers		
Cheese Puffs		
Pretzels		
Graham Crackers		
Cheez-its		
Fruit Loops		

Parent/Guardian will provide snack for child. Please give only water. _____ Yes _____ No

Section 7 – Environmental/Latex Allergies

Check if allergic to the following:

_____ Bee Stings _____ Ant Bites _____ Animals _____ Latex

If Yes to animals, specify type: _____

If Yes to Latex, specify type: _____ Balloons _____ Latex Gloves _____ Band-aids

List other type of latex allergies here: _____

Section 8 – Emergency Medications

Medication Name _____

How given _____ Dosage _____

When to give _____

Where is medication stored _____

Additional information _____

_____ Initial here if there are no emergency medications.





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Section 9 – Routine Medications (for emergency communication purposes only)

Medication Name _____ Dosage _____

When given _____ How given _____

Medication Name _____ Dosage _____

When given _____ How given _____

Acknowledgment and content:

I, _____, do give Fort Mill Church of God Children’s Ministry permission to care for my child. I understand that the caregivers are volunteers. I agree that my child has permission to participate in planned activities and I have disclosed all information about my child that may assist the team in caring for my child. I understand that this information will be shared with team members on a need to know basis and will not be kept confidential. I also understand if emergency medications are given or if my child experiences a seizure, or any other emergency deemed necessary by the Fort Mill Church of God staff, EMS will be called and I resume all responsibility for financial liability associated with the services initiated by staff or volunteers.

Parent/Guardian Signature _____ Date _____

Relationship _____

