

The Island Day Nursery

Allergy/Parental Preference Information

Please supply the following information and return these forms to the office prior to your child's first day. Entry to the Nursery is non-discriminatory. Where necessary we aim to take positive steps to ensure that all children who wish to attend are able to do so.

Child's full name: _____ Date of birth: _____

Allergies:

Please supply comprehensive details of any allergies that your child has, including any treatment required should your child accidentally come into contact with the substance or food:

Allergy/Allergies: _____

Parental Preference:

Please supply details of any foods or drinks that you DO NOT wish your child to have at nursery:
