



**Bellevue Children's Academy**  
**DECLINE TO COMPLETE THE**  
**HEALTH CARE PROVIDER'S ALLERGY/INTOLERANCE REPORT**  
**2017-2018**

You have indicated that your child has allergies on the Student Medical Form for the 2017-2018 school year. As a licensed child care program, we are required to ask parents to complete the **"Allergy/ Intolerance Report Form"**, the **"Child Care Emergency Plan for Allergic Reactions"**, and **"Authorization for Administration of Medication at School"** forms. We need to know what your child is allergic or intolerant to, the steps to take to treat an allergic reaction, and appropriate substitute foods to assure that the child's nutrition is not compromised.

***If you choose not to complete the applicable medical forms and provide medication to the school, you must sign and date the section below.***

Thank you for your help and time in this important health matter.

*I have indicated that my child has an allergy on the Student Medical Form. However, I hereby choose not to submit an Individual Health Care Plan to Bellevue Children's Academy. My signature means that I will not hold Bellevue Children's Academy (BCA) responsible for any and all consequences that may occur as of a result of this decision.*

\_\_\_\_\_  
Student's Name Grade

\_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Name (*print*) Date

He or she is allergic or intolerant to the following items:

- |          |           |
|----------|-----------|
| 1. _____ | 4. _____  |
| 2. _____ | 5. _____  |
| 3. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |