



Allergy Alert

Child's Name: _____

List known FOOD allergies: _____

What is the reaction? _____

List OTHER allergies: _____

What is the reaction? _____

Medical Information/Instructions in the event of a reaction: _____

_____ My child does not have any known allergies at this time.

Signature of Parent/Guardian

Date

**Please be sure to inform your child's teacher should there be a change
in your child's health during the school year. Thank you.**