

ALLERGY ALERT FORM

Child's Name: _____

Contact in Case of Emergency: _____

Phone Number: _____

Does your child have any known allergies (e.g. to foods, medicines, environmental agents)? If so, please list each allergen and describe the child's response to contact with the allergen(s). Please describe immediate action to be taken in case of contact with allergen(s).

Signature of Person Completing Form: _____ Date: _____

Relation to Child: _____