

# Allergy Alert

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name and Number for Emergency Contact: \_\_\_\_\_

List and describe allergies (animal/insect/food/plants/etc.) **Please specify the treatment that you authorize school staff to give your child in case of an allergic reaction.** Any medications for treatment will need to be stored in the school office for your child. If your child should have the medications available on a field trip, please ask the office to send it along on the day of the trip.

Allergy	Symptoms	Medication/Treatment

If your child has no allergies please initial: \_\_\_\_\_ No Known Allergies

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date