

Allergy Alert Form

A photo of your child
will be taken at the
Center for identification
of children in classroom
on allergy alert status.

Child's Name _____

List known **FOOD ALLERGIES:** _____

What is the reaction? _____

Parent requested **FOOD RESTRICTIONS:** _____

What is the reaction or reason? _____

List other **ALLERGIES:** _____

Medical Information/Instruction in the event of reaction: _____

Signature of Parent/Guardian:

Date:

Signature of Physician:

Date: