

ALLERGY INFORMATION

CHILD'S NAME _____ GRADE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

PLEASE INDICATE ITEMS YOUR CHILD HAS AN ALLERGY TO:

- Peanut/Peanut Products Fish/Shellfish Eggs Nuts
 Milk Gluten Soy Products Bee Stings
 Other (Please indicate): _____

SIGNS OR SYMPTOMS

What are the signs of an allergic reaction in your child? Please be specific.

ACTION PLAN

What steps should we take in the event of an allergic reaction? If applicable, please include doses of medication.

PARENT'S SIGNATURE

DATE

AN ANNUAL UPDATE IS REQUIRED FOR THIS FORM