

# Allergy Alert Form

Child's Name

Child's Age

## Allergy Information

Does your child have any known allergies to food or medicine?  Yes  No

If you have checked "yes", please complete the following chart.

Foods that <b>CAN</b> be served in small amounts	Foods that are <b>NOT</b> to be served in any quantity	Familiar foods that might contain the basic food <b>NOT</b> to be served

Is the child now being, or has the child ever been, treated by a physician for an allergy?  Yes  No

If you answered yes, when and for how long?

Is the child allergic to any medications?  Yes  No

Please identify medications.

What reactions does your child exhibit when these foods are eaten and/or medications are taken?

List actions to take in an emergency situation related to food/medication allergy or intolerance.

## Signature

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Parent/Guardian

Date



## Office Use Only

Child's current classroom assignment

Date information provided to teachers

Administrator initials