ALLERGY ALERT!

ALL STUDENTS MUST HAVE THIS FORM ON FILE

IF NO ALLERGIES PLEASE INDICATE N/A

CHILD'S NAME: _____
Last First

ALLERGY DESCRIPTION:

_____

_____

PRECAUTIONS TAKEN:

_____

_____

_____

DOCTOR NAME: _____

DOCTOR PHONE: _____

PARENTS NAME: _____

*Home Phone: _____

*Cell Phone: _____

*Emergency Contact Name & Phone: _____

COMMENTS:

_____

_____

Signature: _____Date: _____