



Allergy Alert Form

Child's Name: _____ Child's Age: _____

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

Actions to take in an emergency situation related to food/medication allergy or intolerance?

Parent/Guardian Signature

Date

<i>For office use only</i>	Child's current classroom assignment: _____ Date information provided to teachers: _____ Administrator initials: _____
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