



## Allergy Information

Child's Name: \_\_\_\_\_

\_\_\_\_\_ My Child has no known allergies

\_\_\_\_\_ My Child has allergies (please fill out remainder of this form)

If your child has allergies, please describe them below, including symptoms of the allergic reaction

Food Allergies:

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Medication Allergies:

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Other Allergies:

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Instructions for responding to allergic reaction:

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If your child's allergy requires medication you must fill out the appropriate authorization form. If your child's allergies are severe or could be life-threatening please have your physician fill out an action plan for us to follow in an emergency.

Parent/ Guardian Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_