

# Allergy Alert!!

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

Class \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Procedures:

Call 911

Epi-Pen

Rush to Hospital

Benadryl

Other \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**IMPORTANT — PLEASE INCLUDE A PICTURE OF YOUR CHILD IN THE BLANK SPACE NEXT TO PROCEDURES**

**ONLY RETURN THIS FORM IF YOUR CHILD HAS ALLERGIES OR DIETARY RESTRICTIONS**