



# ALLERGY ALERT!

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(Print your child's first and last names on this line.)

is allergic to

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(Print the names of foods or other substances your child is allergic to on this line. Please write "None Known" if applicable.)

Severity (circle one):    Mild    Moderate    Severe

Treatment : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_  
(name/relationship)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_