Please complete the form provided to ensure your child’s safety regarding any and all allergies. If your child has no known allergies, please indicate that as well.

**Child’s Name**

**List known FOOD ALLERGIES:**

What is the reaction?

**List other ALLERGIES:**

What is the reaction?

**Medical information/instructions in the event of a reaction:**

________________________________________________________

________________________________________________________

________________________________________________________

Signature of Parent/Guardian

Date

White-Student Chart

Yellow-Childcare Copy

Pink- Teacher Copy

Form 0001

Rv. 10/08/07