



ALLERGY ALERT

(Please complete a form for each child **that has allergies**)

Student's Name: _____ Grade: _____ Age: _____

Allergic to: _____

Allergic reaction that occurs when student is exposed to allergen:

Medication ordered if student has allergic reaction: NO YES

If yes, Medication (as ordered by the child's Physician)

Main office to contact parent/guardian immediately @ _____

Contact Physician @ _____

Hospital _____